

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student #: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Gender: M F Ethnicity: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Message Phone: \_\_\_\_\_

School: \_\_\_\_\_ School Phone: \_\_\_\_\_

School Address: \_\_\_\_\_

Most Recent Evaluation Report Date: \_\_\_\_\_ Next Evaluation Report Date: \_\_\_\_\_

IEP Purpose: \_\_\_\_\_ Next Annual IEP Date: \_\_\_\_\_

Based on assessment and evaluation information:

The **primary** exceptionality is: \_\_\_\_\_

Identified areas of need: Math Reading Written Language Behavior

Other: \_\_\_\_\_

The **secondary** exceptionality is: \_\_\_\_\_

Identified areas of need: Math Reading Written Language Behavior

Other: \_\_\_\_\_

**STUDENT PROFILE**

**What do the parent and student envision as the student's future?**

Employment: \_\_\_\_\_

Community Participation: \_\_\_\_\_

Recreation & Leisure: \_\_\_\_\_

Post-Secondary Training & Learning: \_\_\_\_\_

Daily/Independent Living: \_\_\_\_\_

**Student/Family Vision Statement:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STUDENT PROFILE (continued)**

**Note:** When completing this section the IEP team must consider and describe the following: the **student's strengths and concerns** as identified by the parent, student, teachers, related service staff, and other team members; results from district and statewide assessments; results from initial and most recent multi-disciplinary evaluations; results from any evaluations provided by the parents or guardians; and any extracurricular and non-academic areas that may be affected.

<b>Domain</b>	<b>Strengths</b>	<b>Concerns / Recommendations</b>
<b>Academic:</b> (input from the general and special education teachers)		
<b>Recreation &amp; Leisure:</b> (extra-curricular and non-academic)		
<b>Community Participation:</b>		
<b>Home/ Independent Living:</b>		
<b>Jobs and Job Training:</b>		
<b>Post-Secondary Training or Learning:</b>		

<b>Other Areas:</b> (health considerations, communications, motor, emotional or behavioral, assistive devices needs, attendance)		
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**TRANSITION SERVICES**

**Course of Study** (Required beginning by age 14, or sooner if appropriate)

<b>School Year</b>	<b>Year</b>	<b>Courses Selected for High School Program</b>
	Yr. 1	
	Yr. 2	
	Yr. 3	
	Yr. 4	

Ages 18-21	
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The student’s planned program of study meets the requirements for  
Standard Pathway Career Readiness Pathway Ability Pathway

**For the Career Readiness Pathway:**

Explain why the Standard Pathway was rejected: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Note: The team is responsible for documenting progress on all five Career Readiness Standards on the IEP goals/objectives pages.*

**For the Ability Pathway:**

Explain why the Standard and Career Readiness Pathways were rejected: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For all Pathways:**

Projected date of graduation: \_\_\_\_\_

Is the student on target with graduation requirements? **YES NO**

If **NO**, what are the concerns (credits, NMHSCE, attendance or behavior concerns) and how will they be addressed? \_\_\_\_\_

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**For a Certificate**, the IEP Team must agree:

- The student’s program and instruction have been appropriate
  - The student has maintained realistic efforts to meet IEP goals
  - The student has successfully completed four or more years of high school
  - The student can participate equitably in all graduation activities
  - The student has a follow-up plan of action in the form of a transition IEP
- Projected date of graduation for the student: \_\_\_\_\_

**TRANSITION SERVICES/INTERAGENCY LINKAGE**

Needed to Accomplish Desired Post-School Outcomes  
(Required beginning at age 16, or sooner if appropriate)

<b>Student Needs</b>	<b>Activities/Strategies</b>	<b>Agency/ Responsibility</b>	<b>Provider/ Payer</b>
<b>Instruction:</b>			
<b>Related Services:</b>			
<b>Community Experiences:</b>			

<b>Employment or Post-School Options:</b>			
<b>Independent Living:</b>			
<b>Functional Vocational Assessment:</b>			

Will the student need involvement from any outside agency in order to make a successful transition?

**YES NO** If **NO**, explain: \_\_\_\_\_

**PRESENT LEVELS OF PERFORMANCE  
Educational and/or Behavioral**

1) Area of Need:    Math        Reading        Written Language        Behavior

Other: \_\_\_\_\_

Present Level of Performance: \_\_\_\_\_

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2) Area of Need:    Math        Reading        Written Language        Behavior

Other: \_\_\_\_\_

Present Level of Performance: \_\_\_\_\_

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3) Area of Need:    Math        Reading        Written Language        Behavior

Other: \_\_\_\_\_

Present Level of Performance: \_\_\_\_\_

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4) Area of Need:    Math        Reading        Written Language        Behavior

Other: \_\_\_\_\_

Present Level of Performance: \_\_\_\_\_

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5) Area of Need:    Math        Reading        Written Language        Behavior

Other: \_\_\_\_\_

Present Level of Performance: \_\_\_\_\_

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6) Area of Need:    Math        Reading        Written Language        Behavior

Other: \_\_\_\_\_

Present Level of Performance: \_\_\_\_\_

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**ANNUAL GOALS AND SHORT-TERM OBJECTIVES OR BENCHMARKS**

Area of Need:    Math        Reading        Written Language        Behavior        Other

Reference from New Mexico's Standards for Excellence: \_\_\_\_\_

**ANNUAL GOAL:** (include timeframe, conditions, behavior, criteria for mastery) **Date Initiated** \_\_\_\_\_


OBJECTIVE <i>or</i> BENCHMARK : _____
_____ <input type="checkbox"/> if Transition Activity
Criteria for Mastery: _____
Anticipated Date of Mastery: _____ Position/Agency Responsible: _____
Methods of Measurement: _____
Progress Documentation (Note date and progress for each progress period) _____

OBJECTIVE <i>or</i> BENCHMARK : _____
_____ <input type="checkbox"/> if Transition Activity
Criteria for Mastery: _____
Anticipated Date of Mastery: _____ Position/Agency Responsible: _____
Methods of Measurement: _____
Progress Documentation (Note date and progress for each progress period) _____

OBJECTIVE *or* BENCHMARK : \_\_\_\_\_

\_\_\_\_\_ ✓ if Transition Activity

Criteria for Mastery: \_\_\_\_\_

Anticipated Date of Mastery: \_\_\_\_\_ Position/Agency Responsible: \_\_\_\_\_

Methods of Measurement: \_\_\_\_\_

Progress Documentation (Note date and progress for each progress period) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OBJECTIVE *or* BENCHMARK : \_\_\_\_\_

\_\_\_\_\_ ✓ if Transition Activity

Criteria for Mastery: \_\_\_\_\_

Anticipated Date of Mastery: \_\_\_\_\_ Position/Agency Responsible: \_\_\_\_\_

Methods of Measurement: \_\_\_\_\_

Progress Documentation (Note date and progress for each progress period) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OBJECTIVE *or* BENCHMARK : \_\_\_\_\_

\_\_\_\_\_ ✓ if Transition Activity

Criteria for Mastery: \_\_\_\_\_

Anticipated Date of Mastery: \_\_\_\_\_ Position/Agency Responsible: \_\_\_\_\_

Methods of Measurement: \_\_\_\_\_

Progress Documentation (Note date and progress for each progress period) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONSIDERATION OF SPECIAL FACTORS**

Is the student visually impaired (including blindness)? **YES NO**

If **YES**, is:      Instruction in Braille needed      Use of Braille needed

Does the student have special oral and/or written communication needs? **YES NO**

If **YES**, describe the needs and services to be provided: \_\_\_\_\_

\_\_\_\_\_

Is the student deaf or hard of hearing? **YES NO**

If **YES**, describe the needs and services to be provided: \_\_\_\_\_

\_\_\_\_\_

Does the student have limited English proficiency? **YES NO**

If **YES**, describe the relationship of language needs to the IEP: \_\_\_\_\_

\_\_\_\_\_

Does the student have assistive technology needs? **YES NO**

If **YES**, describe devices and/or services required: \_\_\_\_\_

\_\_\_\_\_

Does the student exhibit behaviors that impede his or her learning or that of others? **YES NO**

If **YES**, the IEP team must consider the following questions, then decide which discipline method is most appropriate for the student.

1. What positive behavior interventions, accommodations, and/or annual goals with short-term objectives or benchmarks are included in the IEP?
2. Does a Functional Behavioral Assessment need to be conducted?
3. Does the student need a Behavioral Intervention Plan (BIP)?

### **DISCIPLINE**

Which of the following discipline provisions is most appropriate for this student?

The student will follow the school-wide discipline plan.

The student requires the modifications described in this IEP under ANNUAL GOALS and/or INSTRUCTIONAL ACCOMMODATIONS.

The student requires a Behavioral Intervention Plan. (Attach BIP to this IEP).

B-IEP Page 12 of 21 **IEP** for \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL/SIGNIFICANT HEALTH INFORMATION**

**Medication:** \_\_\_\_\_

\_\_\_\_\_

**Significant Health Information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the student require an individualized health plan or school health services as a related service?

**YES NO** If **YES**, attach the plan to the IEP and/or indicate on the *Schedule of Services*.

**Physical Education:** Regular Regular, with accommodations Adapted

\_\_\_\_\_

\_\_\_\_\_

**Mobility:** Does the student require assistance to move in and around the school? **YES NO**

If **YES**, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Transportation:** Does the student require transportation as a related service? **YES NO**

If **YES**, what accommodations and supports are required for the student to be transported with non-disabled peers in the Least Restrictive Environment (LRE)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the student's transportation needs are extensive and he/she cannot be transported with non-disabled peers, explain why and identify the required accommodations and supports: \_\_\_\_\_

\_\_\_\_\_

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## LEAST RESTRICTIVE ENVIRONMENT

### Impact Statement:

How does the impairment/exceptionality impact the student's ability to be involved in and progress in the general curriculum without supports and services from special education? Use information provided by all IEP team members to **describe how the student's impairment/exceptionality impacts his or her** ability to be involved in and progress in the general curriculum:

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Can the student be served 100% in regular classrooms, with supports? **YES NO**

If **YES**, describe the support needed on the SCHEDULE OF SERVICES.

If **NO**, explain why: \_\_\_\_\_

Can the student be served in some combination of regular classroom(s) and segregated classrooms?

**YES NO** If **YES**, describe the placement on the SCHEDULE OF SERVICES.

If **NO**, explain why: \_\_\_\_\_

Can the student be served in on-campus segregated classrooms? **YES NO**

If **YES**, describe the placement on the SCHEDULE OF SERVICES. If the placement is not in the neighborhood school, explain why and identify the neighborhood school: \_\_\_\_\_

If **NO**, explain why: \_\_\_\_\_

The student can only be served in an off-campus segregated setting.

Describe the placement: \_\_\_\_\_

Explain the reasons: \_\_\_\_\_

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## EXTENDED SCHOOL YEAR (ESY)

Does the student exhibit severe or substantial regression that cannot be recouped within a reasonable time period in one or more of the critical areas addressed in the goals and objectives?

**YES NO** If **YES**, documentation must be attached to the ESY ADDENDUM.

## PARTICIPATION IN MANDATED DISTRICT AND STATE TESTING

Standardized Administration—No Accommodations

Standardized Administration—Category 1 Accommodations *Specify:* \_\_\_\_\_

Non-Standardized Administration—Category 2 Accommodations *Specify:* \_\_\_\_\_

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Alternate Assessment—Attach ALTERNATE ASSESSMENT ADDENDUM/ supporting documents.

## SCHEDULE OF SERVICES

If this IEP bridges parts of two school years, please complete this page twice, separating the services to be delivered in each school year.

<b>Activities with students without disabilities</b>	<b>Regular Education Services</b>
Recess	Accommodations Needed
Lunch/Breakfast	Subject: _____ YES NO
Music	Subject: _____ YES NO
Art	Subject: _____ YES NO
Library	Subject: _____ YES NO
PE	Subject: _____ YES NO
Assemblies	Subject: _____ YES NO
Vocational	If YES, complete INSTRUCTIONAL ACCOMMODATIONS
Other	section.

<b>Special Education &amp; Related Services</b>	<b>Hours/Week*</b>	<b>Start Date</b>	<b>Ending Date</b>	<b>Service Provider</b>	<b>Location</b>	
					<b>Regular</b>	<b>Segregated</b>
<b>Time Totals</b>						
<b>Supplementary Aids and Services</b>	<b>Hours/Week*</b>	<b>Start Date</b>	<b>Ending Date</b>	<b>Service Provider</b>	<b>Location</b>	
					<b>Regular</b>	<b>Segregated</b>
<b>Supports for School Personnel</b>	<b>How Often</b>	<b>Start Date</b>	<b>Ending Date</b>	<b>Service Provider</b>	<b>Location</b>	



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\*If service is delivered on a basis other than weekly, identify the service and the service frequency: \_\_\_\_\_ Parent Initials: \_\_\_\_\_

Are there any possible adverse effects/safety issues related to this placement? **YES NO**

Does the student have any special needs related to emergency evacuation? **YES NO**

If **YES**, what are they? \_\_\_\_\_ Instructional Presentation Mode: \_\_\_\_\_

Evacuation / Remediation plan \_\_\_\_\_

Instructional Strategies: \_\_\_\_\_

**LEVEL OF SERVICE**

**X** = The total number of hours per week of special education service \_\_\_\_\_

**Y** = The total number of hours in a typical school week, (excluding lunch and recess) \_\_\_\_\_

**Level of service** = **X** divided by **Y** (express as percent) \_\_\_\_\_

10% or less of school day (Level 1-min)	11% to 40% of the school day (Level 2-mod)
50% of the day or more (Level 3-ext)	Up to a full day or 3Y/4Y (Level 4-max)

Example: X = 6 hrs./wk Y = 30 hrs./wk. 6 divided by 30 = .2 (20%) = Level 2 (moderate)

**SETTING**

**a** = Total number of hours per week in segregated location \_\_\_\_\_ Other: \_\_\_\_\_

**b** = Total number of hours in a typical week (excluding, lunch and recess) \_\_\_\_\_

**Setting** = **a** divided by **b** (express as a percent) \_\_\_\_\_

Removed from regular class 20% or less of the day (Setting 1)
Removed from regular class 21%-60% of the day (Setting 2)
Removed from regular class 61% or more of the day (Setting 3)
Other settings (Specify) _____

Example: 1) 2 hrs./wk. 2) 30 hrs./wk. 2 divided by 30 = 0.06 (6%) = Setting 1

**INSTRUCTIONAL ACCOMODATIONS OR MODIFICATIONS**

In case of a failing grade \_\_\_\_\_

The IEP team has determined that the identified accommodations and/or modifications are appropriate in the following areas: \_\_\_\_\_

Environment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Instructional Material: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Assignments/Homework: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Testing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Behavior Management: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IEP PROGRESS DOCUMENTATION**

*Inform parents of their child's progress toward annual goals in the IEP and the extent to which that progress is sufficient to enable the child to achieve the goals by the end of the year. Progress must be reported at least as often as progress is reported to parents of non-disabled children.*

How will the child's parents be regularly informed of progress toward annual goals? \_\_\_\_\_  
\_\_\_\_\_

How often will progress be reported to parents?  
mid-quarter                  quarterly                  semester                  other \_\_\_\_\_

## MEETING PARTICIPANTS

Signature	Role	Date
	Student	
	Parent/Guardian	
	Parent/Guardian	
	LEA Representative	
	Special Education Teacher	
	Regular Education Teacher	
	Qualified evaluator of test results, if appropriate	

### PARENT RIGHTS

I have had the opportunity to participate in the development of this Individualized Education Program (IEP) and the recommended placement and services for my child. The information was presented in an understandable manner. I have received a copy of "Parent and Child Rights in Special Education."

(Parent Initials) \_\_\_\_\_

### AGE OF MAJORITY

\_\_\_\_\_ will reach the age of majority (18 in New Mexico) on (date) \_\_\_\_\_  
 The student and parent/guardian were informed on (date) \_\_\_\_\_ of the student's rights upon reaching the age of majority.

### CASE MANAGER/IEP TEAM COORDINATOR

\_\_\_\_\_ is responsible for ensuring that everyone involved in implementing this IEP has access to necessary information and is informed of his/her specific responsibilities for providing the accommodations/modifications the student requires to benefit from his/her educational program.

### PRIOR WRITTEN NOTICE OF PROPOSED ACTIONS

*Federal and State Legislation require that the public agency provide the parent/guardian with notification a reasonable amount of time before actions occur that would initiate or change the identification, the evaluation, the educational placement, or the provision of a free appropriate public education for this student. If the student is under 18 the parent/guardian is provided a copy of this notice. If the student is 18 years of age or over and does not have a legal guardian, it is his/her right to accept or refuse these proposed actions.*

An IEP meeting was held on \_\_\_\_\_ to discuss special education services for this student. The following data were reviewed:

- |               |                                 |
|---------------|---------------------------------|
| Student input | Developmental case history      |
| Parent input  | Hearing screening: (date) _____ |
| Teacher input | Vision screening: (date) _____  |



This IEP contains a proposal for:

Initial Evaluation                      Initial Delivery of Services                      Re-evaluation

The above proposed-action(s) requires your consent. ***Do you give consent for the school district to proceed with the action(s) indicated?*** Yes No \_\_\_\_\_

(Parent Signature)

***Have you received a copy of and understand your parent rights?*** Yes No If you did not receive a copy of your procedural safeguards, contact the following person in your school district:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

***If you do not understand the content of this IEP and/or Prior Written Notice, or if you disagree with the proposed IEP recommendations,*** please contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

***For assistance in understanding your procedural safeguards/due process rights, you may contact:***

<b>School District Contacts</b>	<b>New Mexico State Department of Education</b>	<b>Parent Advocacy Support</b>
	Special Education Office Phone: 505-827-6541 Fax: 505-827-6791	

If required, the content of this notice was translated in the parents'/student's primary language or mode of communication on (date) \_\_\_\_\_ by (name) \_\_\_\_\_ using (method: written, oral, sign language, etc.) \_\_\_\_\_.