

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

BIRTHDATE: _____ GRADE: _____ AGE: _____
MONTH/DAY/YEAR

PARENT(S): _____

PHONE: (WORK) _____ (HOME) _____ (OTHER) _____

HOME ADDRESS: _____ DISTRICT/AGENCY: _____
STREET ADDRESS/P.O. BOX CITY STATE ZIP

BUILDING: _____ SITE CODE: _____ IEP TEACHER OF RECORD: _____

INITIAL IEP: _____ INTERIM IEP: _____ SUBSEQUENT IEP: _____ AMENDED or MODIFIED: _____
DATE DATE DATE DATE

Present Levels of Academic Achievement and Functional Performance: Document current evaluation data and write objective statements, (may include most recent statewide and districtwide assessments) to demonstrate how the child's disability affects the child's involvement, functional performance, and progress in the general education curriculum and postsecondary transition, as appropriate. For students of transition age, document transition assessment results as they relate to the postsecondary goal(s). For preschool children, describe how the disability affects the child's participation in age appropriate activities.

Current Assessment Data

Objective Statements

IEP – Strengths/Needs, Special Factors, and Parent Concerns Page

<p>List strengths of the child and a statement of the anticipated effects on the child's participation in the general education curriculum or appropriate activities.</p>	<p>List the educational needs resulting from the child's disability, which may require special education, related services, supplementary aids, supports for personnel, or modifications.</p>
<p>Strengths:</p>	
<p>Anticipated Effects:</p>	
<p>Consideration of special factors: Check yes or no whether the IEP team considers each special factor to be relevant to this child.</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Strategies, positive behavior interventions and supports, as appropriate, if behavior impedes learning of self or others</p> <p><input type="checkbox"/> <input type="checkbox"/> Language needs as related to the IEP for a child with limited English proficiency (LEP)</p> <p><input type="checkbox"/> <input type="checkbox"/> Instruction and use of Braille if child is blind or visually impaired, unless determined inappropriate based on evaluation.</p> <p><input type="checkbox"/> <input type="checkbox"/> Communication needs, and for child who is deaf or hard of hearing, the language and communication needs and opportunities for communication and instruction in the child's native language and communication mode</p> <p><input type="checkbox"/> <input type="checkbox"/> Whether this child requires assistive technology devices and service</p> <p>For special factors checked yes, explain determinations of the team as to whether services are required in the IEP.</p>	
<p>Parent Concerns for Enhancing the Child's Education:</p>	

IEP – Goals Page

NAME OF CHILD: _____ STUDENT ID: _____
 FIRST MIDDLE LAST

Annual Goals: Provide measurable annual goals, including academic and functional goals to enable the child to be involved in and make progress in the general education curriculum (for a preschool child in the appropriate activities), and to meet other educational needs that result from the disability.						
GOAL # _____						
Parents are to be informed of progress in annual goals, in addition to general education academic performance reports. Describe how often this will occur and what methods will be utilized.	Record the extent of progress toward achieving the annual goals by the end of the year (i.e., one-half, two-thirds, fifty percent, passing grades in general curriculum).					
	DATE	DATE	DATE	DATE	DATE	DATE (ESY)
How will the extent of progress toward annual goals be measured?						
GOAL # _____						
Parents are to be informed of progress in annual goals, in addition to general education academic performance reports. Describe how often this will occur and what methods will be utilized.	Record the extent of progress toward achieving the annual goals by the end of the year (i.e., one-half, two-thirds, fifty percent, passing grades in general curriculum).					
	DATE	DATE	DATE	DATE	DATE	DATE (ESY)
How will the extent of progress toward annual goals be measured?						
GOAL # _____						
Parents are to be informed of progress in annual goals, in addition to general education academic performance reports. Describe how often this will occur and what methods will be utilized.	Record the extent of progress toward achieving the annual goals by the end of the year (i.e., one-half, two-thirds, fifty percent, passing grades in general curriculum).					
	DATE	DATE	DATE	DATE	DATE	DATE (ESY)
How will the extent of progress toward annual goals be measured?						
COMMENTS:						

IEP – Goals and Short-Term Objective/Benchmark Page

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

Annual Goals:
 Provide measurable annual goals, including academic and functional goals to enable the child to be involved in and make progress in the general education curriculum (for a preschool child in the appropriate activities), and to meet other educational needs that result from the disability.

Short-term Objectives or Benchmarks: In addition to Annual Goals, provide at least two short-term objectives or benchmarks per goal for children who take alternate assessments aligned to alternate achievement of the standards.

GOAL # _____

SHORT-TERM OBJECTIVE/BENCHMARK # _____

SHORT-TERM OBJECTIVE/BENCHMARK # _____

SHORT-TERM OBJECTIVE/BENCHMARK # _____

SHORT-TERM OBJECTIVE/BENCHMARK # _____

Parents are to be informed of progress in annual goals, in addition to general education academic performance reports. Describe **how often** this will occur and **what methods** will be utilized.

Record the extent of progress toward achieving the annual goals by the end of the year (i.e., one-half, two-thirds, fifty percent, passing grades in general curriculum).					
DATE	DATE	DATE	DATE	DATE	DATE (ESY)

How will the extent of progress toward annual goals be measured?

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COMMENTS:

IEP – Transition Services Plan – Goals and Activities Page

(Beginning not later than the first IEP developed during the student’s ninth grade year, or upon turning 16 years of age, whichever occurs first)

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

Postsecondary Goal(s): _____

Annual Transition Goals
 Provide measurable annual transition goals to assist the young adult in working toward their postsecondary goal(s). The annual transition goal(s) must include academic and functional goals to enable the young adult to be involved in and make progress in the general education curriculum and in community experiences. For a young adult beginning with the first IEP developed during the student’s ninth grade year or upon turning 16 years of age, whichever occurs first, postsecondary goal(s) based upon age appropriate transition assessments related to education/training, employment, and where appropriate, independent living skills, and to meet other educational needs that result from the disability. **For young adults being taught to alternate achievement of the standards, include a minimum of two (2) short-term objectives or benchmarks for each annual goal.**

Education/Training Goal(s)	Short-Term Objectives/Benchmarks (as needed)
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Coordinated Activities	Responsible Party(ies)
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Parents are to be informed of progress in annual goals, in addition to general education academic performance reports. Describe how often this will occur and what methods will be utilized.	Extent of progress toward achieving the annual transition goals by the end of the year (i.e., one-half, two-thirds, fifty percent, passing grades in general curriculum).
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DATE	DATE	DATE	DATE	DATE	DATE (ESY)
How will the extent of progress toward annual goals be measured?					

Employment Goal(s)	Short-Term Objectives/Benchmarks (as needed)
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Coordinated Activities	Responsible Party(ies)
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Parents are to be informed of progress in annual goals, in addition to general education academic performance reports. Describe how often this will occur and what methods will be utilized.	Extent of progress toward achieving the annual transition goals by the end of the year (i.e., one-half, two-thirds, fifty percent, passing grades in general curriculum).
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DATE	DATE	DATE	DATE	DATE	DATE (ESY)
How will the extent of progress toward annual goals be measured?					

IEP – Transition Services Plan – Transition Goals/Course of Study

(Beginning not later than the first IEP developed during the student's ninth grade year or upon turning 16 years of age, whichever occurs first.)

NAME OF CHILD: _____ STUDENT ID: _____
 FIRST MIDDLE LAST

Independent Living Goal(s) (if appropriate)	Short-Term Objectives/Benchmarks (as needed)					
Coordinated Activities	Responsible Party(ies)					
Parents are to be informed of progress in annual goals, in addition to general education academic performance reports. Describe how often this will occur and what methods will be utilized.	Extent of progress toward achieving the annual transition goals by the end of the year (i.e., one-half, two-thirds, fifty percent, passing grades in general curriculum).					
	DATE	DATE	DATE	DATE	DATE	DATE (ESY)
How will the extent of progress toward annual goals be measured?						
Build a course of study, to be updated annually, to assist the young adult in achieving their postsecondary goal(s):						
Grade _____	Grade _____	Grade _____				
Grade _____	Grade _____	Projected date of graduation/program completion and type:				
In planning the course of study, is information needed regarding opportunities for vocational education (e.g., high school vocational education courses, school-based training, work study programs, technology education, or area career technology center programs)?						
<input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, document date(s) when information was provided to young adult and parent(s). Date: _____						
By age 16, the young adult has been referred to the vocational rehabilitation counselor in the young adult's school district.						
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Person responsible for the referral: _____ Date: _____						
Name of the Vocational Rehabilitation Counselor: _____						
Have the young adult and parent(s) been provided a copy of the referral form? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If no, explain why. _____						
If yes, explain how. _____						
By age 17, have young adult and parent(s) been informed of any transfer of rights at age of majority? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If no explain why: _____						
Comments: _____						

IEP – Services Page

NAME OF CHILD: _____ STUDENT ID: _____

FIRST

MIDDLE

LAST

Special Education Services: List each special education service.				
Type of Service(s)	Amount of Services (Time and Frequency)	Starting Date	Ending Date	Person Responsible (Title)

Related Services: List each related service necessary for the child to benefit from special education.					
Type of Service(s)	Location of Services	Amount of Services (Time and Frequency)	Starting Date	Ending Date	Person Responsible (Title)

Provide an explanation of the extent, if any, to which the child will not participate with nondisabled children in the general education curriculum or age-appropriate activities:

The **continuum of placements** for the least restrictive environment (LRE) includes regular classes full-time, special classes part-time or full-time, public/private separate day school facility, public/private residential facility, home instruction/hospital environment, correctional facility, or parentally placed in private schools. For preschool children (aged 3 through 5), the continuum includes early childhood program, special education program, residential facilities, home, service provider location.

Continuum of Placement:
Amount of time in general education setting: ____ of ____ periods per day **OR** ____ % of instructional day.
 If block schedule, describe:
 Is this child's instructional day the same length as nondisabled peers? Yes No
 If no, describe the reason(s) for a shortened school day:

<input type="checkbox"/> Regular PE <input type="checkbox"/> Adapted PE <input type="checkbox"/> NA If not applicable provide justification:	List modifications necessary for this child to participate in regular PE (specially designed adapted PE, if needed, must be addressed on the IEP):
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Supplementary aids and services, program modifications and/or supports for personnel in general education or other education-related settings not otherwise addressed as special education or related services:

Supplementary aids and services:	Location/Class/Settings
Program modifications:	Location/Class/Settings
Supports for personnel:	Location/Class/Settings

IEP – Signature Page

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

State and Districtwide Assessment Programs

Child will participate in: Oklahoma Core Curriculum Tests (OCCT) Alternate Assessment (OAAP or OMAAP)
 If the child is participating in alternate assessment, has the IEP team considered the guidelines for participation in alternate assessment?
 Yes No If no, explain why:
 If the child is participating in an alternate assessment, how will the child be assessed? OAAP Portfolio OMAAP
 If the child is participating in OMAAP, list each subject for which the child will participate.

 Specify state approved accommodations used in **each** test administration.

Extended School Year (ESY) Services

ESY Services: Requires further data; will reconvene by ___/___/___ are necessary are not necessary
 If necessary, describe services provided:

Documentation of LRE Placement Considerations

Describe continuum of placements considered and reasons determined not appropriate:

 Is this placement in the school the child would normally attend if nondisabled? Yes No
 If no, is the placement as close as possible to the child's home? Yes No
 If no, explain why the IEP requires other arrangements:

 Explain considerations of potential harmful effects on the child or the quality of services needed:

 When special classes, separate schools/facilities, or other removal from the general education environment occurs, describe how the nature and severity of the disability is such that education in general education classes, with the use of supplementary aids and services, cannot be achieved satisfactorily:

Date of next IEP _____ Date of next 3 year reevaluation _____
FROM INITIAL FROM INTERIM FROM SUBSEQUENT

Team Participant Signatures:

Parent(s) _____	Date _____	<input type="checkbox"/> Agree	<input type="checkbox"/> *Disagree
Special Education Teacher _____	Date _____	<input type="checkbox"/> Agree	<input type="checkbox"/> *Disagree
Regular Education Teacher _____	Date _____	<input type="checkbox"/> Agree	<input type="checkbox"/> *Disagree
Administrative Representative _____	Date _____	<input type="checkbox"/> Agree	<input type="checkbox"/> *Disagree
Student _____	Date _____	<input type="checkbox"/> Agree	<input type="checkbox"/> *Disagree
Other _____	Date _____	<input type="checkbox"/> Agree	<input type="checkbox"/> *Disagree

***Team members who disagree may submit separate statements presenting their conclusions. (Complete Comment Form as necessary.)**

If parent(s) did not attend the IEP meeting, explain other methods to ensure parent participation (and/or child as appropriate):
 (e.g., conference call, videoconference, home visit)

Parent(s) have protection under the procedural safeguards. Translation/Interpretation needed: Yes No
 Parent(s) received *Parents Rights in Special Education: Notice of Procedural Safeguards*:
 Yes No
 If yes, specify how provided: _____
 Parent(s) received *Parent Survey* form and *business reply* envelope: **Parent Initial:** _____
 Yes No

Parent consent for initial placement (consent is voluntary and may be revoked at any time) Yes No

Parent Signature: _____ Date: _____

