

Student Name:

School District Identifying Information
Preschool Individualized Education Program (IEP)

Child Name: [REDACTED]	Date of IEP: [REDACTED]
Date of Birth: [REDACTED]	Projected date IEP is to be implemented: [REDACTED]
Age: [REDACTED]	Projected date of annual review: [REDACTED]
Local Child ID: [REDACTED]	Eligible for 12-month service and/or program: Yes <input type="checkbox"/> No <input type="checkbox"/>
Disability Classification: Preschool Student with a Disability Meets criteria for eligibility determination based on: Choose One: Functional Delay, Autism, Deafness, Deaf/Blindness, Hearing Impairment, Orthopedic Impairment, Other Health Impairment, Traumatic Brain Injury, Visual Impairment including Blindness	Other Information: [REDACTED]

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

Documentation of child's current performance and academic, developmental and functional needs in consideration of the following:

- initial or most recent evaluation results (including observations completed as part of an evaluation);
- strengths, preferences and interests of the child;
- concerns of the parent for enhancing the education of their child;
- progress toward prior IEP annual goals; and
- other special factors such as behavior that may impede learning, language needs of a child with limited English proficiency, need for instruction in Braille and the use of Braille, communication and assistive technology needs of the child.

Academic Achievement, Functional Performance and Learning Characteristics:

Levels of knowledge and development in subject and skill areas including activities of daily living, level of intellectual functioning, adaptive behavior, expected rate of progress in acquiring skills and information, and learning style.

Strengths of the child

Academic, developmental and functional needs of the child

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Social Development: The degree and quality of the child's relationships with peers and adults, feelings about self, and social adjustment to school and community environments.	
Strengths of the child	
Social development needs of the child	
Physical Development: The degree and quality of the child's motor and sensory development, health, vitality and physical skills or limitations which pertain to the learning process.	
Strengths of the child	
Physical development needs of the child	
Management Needs: The nature (type) and degree (extent to which) environmental and human or material resources are needed to address needs identified above.	
How the disability affects the child's participation in age-appropriate activities.	
Parent Concerns	

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MEASURABLE GOALS

Measurable annual goals, including academic and functional goals consistent with the child's needs and abilities, related to meeting:

- 1) the child's needs that result from the child's disability to enable the child to be involved in and progress in appropriate activities; and
- 2) each of the child's other educational needs that result from the child's disability.

Annual Goal What the child will be expected to do by the end of the year in which the IEP is in effect	Criteria Measure to determine if goal has been achieved	Method How progress will be measured	Schedule When progress will be measured

Short-term Instructional Objectives and/or Benchmarks:

Annual Goal	Criteria	Method	Schedule

Short-term Instructional Objectives and/or Benchmarks:

(Duplicate rows as needed)

REPORTING PROGRESS TO PARENTS

Identify when periodic reports on the progress the child is making toward meeting the annual goals will be provided to the child's parents.

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RECOMMENDED SPECIAL EDUCATION PROGRAMS AND SERVICES

Provided for the child to advance appropriately toward attaining the annual goals, participate in extracurricular and other nonacademic activities, and be educated and participate with other children with disabilities and nondisabled children.

Special Education Program/Services (including Related Services)	Frequency How often a service will be provided (e.g., twice per week)	Intensity Whether the session or service will be provided in a group or on an individual basis	Duration Length of session (e.g., 30 minutes)	Location * Where service will be provided (e.g., special class, separate therapy room)	Service Date Projected beginning date	Service Date Optional end date
<i>Special education program drop down menu options:</i> Special Education Itinerant Services Special Education Itinerant Services – Bilingual Special Class Integrated – half-day (Student:Staff Ratio) Special Class Integrated – full-day (Student:Staff Ratio) Special Class Integrated – half-day – Bilingual (Student:Staff Ratio) Special Class Integrated – full-day – Bilingual (Student:Staff Ratio) Special Class – half-day (Student:Staff Ratio) Special Class – full-day (Student:Staff Ratio) Special Class – half-day – Bilingual (Student:Staff Ratio) Special Class – full-day – Bilingual (Student:Staff Ratio) Other: Innovative Waiver Option (Specify)						

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<i>Related Services Drop down menu options:</i> Audiology Services Counseling Services – Individual Counseling Services – Group Counseling Services – Bilingual-Individual Counseling Services Bilingual-Group Interpreting Services for deaf, deaf/blind student Occupational Therapy – Individual Occupational Therapy – Group Occupational Therapy – Bilingual-Individual Occupational Therapy – Bilingual-Group Orientation and Mobility Services Parent Counseling and Training Physical Therapy – Individual Physical Therapy – Group Physical Therapy – Bilingual-Individual Physical Therapy – Bilingual-Group School Nurse Services School Health Services: Other Speech-Language Therapy – Individual Speech-Language Therapy – Group Speech-Language Therapy – Bilingual-Individual Speech-Language Therapy – Bilingual-Group Other: (Specify)						

* Location: For one or more related services or itinerant services, indicate the child care location arranged by the parent or other site at which each service will be provided, and where within that site the services will be provided (e.g., speech therapy in preschool class).

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Supplementary Aids and Services/Program Modifications and Accommodations, Assistive Technology Devices/Services, Supports for School Personnel	Frequency	Intensity	Duration	Location	Service Date Projected beginning date	Service Date Optional end date

Testing Accommodations: *(to be completed for preschool children only if there is an assessment program for nondisabled preschool children)*

Individual testing accommodations, specific to the child's disability and needs, to be used consistently by the child in the recommended educational program and in the administration of district-wide assessments of student achievement and, in accordance with Department policy, State assessments of student achievement.

Testing Accommodation Name of the accommodation (e.g., extended time)	Conditions Test characteristics (e.g., type, length, purpose)	Specific Implementation Recommendations (e.g., amount of extended time; type of setting)

(Add rows as needed)

Positive Behavioral Interventions and Supports and Other Strategies to Address Behaviors that Impede the Student's Learning or that of Others

Statement of interventions, accommodations or other program modifications to address behavior:

Behavioral Intervention Plan (BIP) recommended: Yes No

If yes: *Drop down menu options:* Use of a time-out room recommended consistent with the BIP (specify maximum time limit):

Other:

12-month Service and/or Program

Child is eligible to receive 12-month service and/or program: Yes No

Services to be provided during July and August: *Drop down menu options:* Services same as 10-month services

Other (specify):

Name of school/agency provider of services during July and August:

Reason(s) child requires services during July and August:

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PARTICIPATION IN ASSESSMENTS

The child will participate in the same assessments of student achievement that are administered to nondisabled preschool children. [redacted]

The following assessments (or parts of an assessment) that are administered to nondisabled preschool children are not appropriate for the child:

Assessment(s): [redacted]

Reason not appropriate: [redacted]

How child will be assessed: [redacted]

PARTICIPATION IN SETTINGS/ACTIVITIES WITH NONDISABLED PEERS

Provision of special education services in a setting with no regular contact with age-appropriate peers without disabilities should only be considered when the nature or severity of the child's disability is such that education in a less restrictive environment with the use of supplementary aids and services cannot be satisfactorily achieved.

Will the preschool child receive services in a setting with no regular contact with age-appropriate peers without disabilities:

Yes No

Explanation of the extent, if any, to which the child will not participate in appropriate activities with age-appropriate peers without disabilities:

[redacted]

TRANSPORTATION

Transportation needs of the child relating to his/her disability.

Child has no special transportation needs

Special transportation needs: (specify) [redacted]

Child needs transportation to and from special classes or programs (specify) [redacted]

Parent will transport the child at public expense

PLACEMENT RECOMMENDATION