

Student Name:

School District Identifying Information

Individualized Education Program (IEP)

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| Student Name: <input style="width: 80%;" type="text"/> | Date of IEP: <input style="width: 80%;" type="text"/> |
| Date of Birth: <input style="width: 80%;" type="text"/> | Projected date IEP is to be implemented: <input style="width: 80%;" type="text"/> |
| Age: <input style="width: 80%;" type="text"/> | Projected date of annual review: <input style="width: 80%;" type="text"/> |
| Local Student ID: <input style="width: 80%;" type="text"/> | Eligible for 12-month service and/or program: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Disability Classification: Choose One: Autism, Deafness, Deaf/Blindness, Emotional Disturbance, Hearing Impairment, Learning Disability, Mental Retardation, Multiple Disabilities, Orthopedic Impairment, Other Health Impairment, Speech or Language Impairment, Traumatic Brain Injury, Visual Impairment including Blindness Student Declassified: <input type="checkbox"/> | Other Information: <input style="width: 80%;" type="text"/> |

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

Documentation of student'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);
- student strengths, preferences and interests;
- concerns of the parent for enhancing the education of their child;
- performance on any general State or district-wide assessment programs;
- progress toward prior IEP annual goals and in the general education curriculum; and
- other special factors such as behavior that may impede learning, language needs of a student with limited English proficiency, need for instruction in Braille and the use of Braille, communication and assistive technology needs of the student.

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.

Student strengths

Academic, developmental and functional needs of the student

Student Name:

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| Social Development: The degree and quality of the student's relationships with peers and adults, feelings about self, and social adjustment to school and community environments. | |
| Student strengths | |
| Social development needs of the student | |
| Physical Development: The degree and quality of the student's motor and sensory development, health, vitality and physical skills or limitations which pertain to the learning process. | |
| Student strengths | |
| Physical development needs of the student | |
| Management Needs: The nature (type) and degree (extent) to which environmental and human or material resources are needed to address needs identified above. | |
| Effect of student needs on involvement and progress in the general education curriculum: | |
| Parent Concerns: | |

Student Name:

Required only if applicable

MEASURABLE POSTSECONDARY GOALS

The student's long-term goals for living, working and learning as an adult (beginning not later than the first IEP to be in effect when the student is age 15, and at a younger age if determined appropriate), based upon age appropriate transition assessments related to:

Training/Education:

Employment:

Independent Living Skills (when appropriate):

TRANSITION NEEDS

In consideration of present levels of performance, transition needs of the student, taking into account the student's strengths, preferences and interests, as they relate to transition from school to post-school activities.

Student Name:

MEASURABLE GOALS

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

- 1) meeting the student's needs that result from the student's disability to enable the student to be involved in and progress in the general curriculum;
- 2) meeting each of the student's other educational needs that result from the student's disability; and
- 3) for students age 15 and older, annual goals to move the student toward his/her postsecondary goals.

| Annual Goals What the student 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 |
|---|---|--|---|
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(Duplicate rows as needed)

Student Name:

Alternate Section for Students Whose IEPs will Include Short-term Instructional Objectives and/or Benchmarks (required for students who meet eligibility criteria to take the NYS Alternate Assessment)

MEASURABLE GOALS

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

- 1) meeting the student's needs that result from the student's disability to enable the student to be involved in and progress in the general curriculum;
- 2) meeting each of the student's other educational needs that result from the student's disability; and
- 3) for students age 15 and older, annual goals to move the student toward his/her postsecondary goals.

Short-term instructional objectives and/or benchmarks that are the intermediate steps between the student's present level of performance and the measurable annual goal.

| Annual Goal What the student 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)

Student Name:

REPORTING PROGRESS TO PARENTS

Identify when periodic reports on the progress the student is making toward meeting the annual goals (such as through the use of quarterly or other periodic reports that are concurrent with the issuance of report cards) will be provided to the student's parents.

PROPOSED

Student Name:

RECOMMENDED SPECIAL EDUCATION PROGRAMS AND SERVICES

Provided for the student to advance appropriately toward attaining the annual goals, be involved and progress in the general education curriculum, participate in extracurricular and other nonacademic activities, and be educated and participate with other students with disabilities and nondisabled students.

| Special Education Program/Services (including related services) | Frequency How often a service will be provided | Duration Length of session | Location Where service will be provided | Service Date Projected beginning date | Service Date Optional end date |
|--|--|-------------------------------|---|---|--|
| <i>Special education program drop down menu options:</i> Consultant Teacher Services – Direct Consultant Teacher Services – Direct-Bilingual Consultant Teacher Services – Indirect Integrated Co-Teaching Services Integrated Co-Teaching Services – Bilingual Resource Room Program Resource Room Program – Bilingual Special Class – 15:1 Special Class – 15:1 – Bilingual Special Class – 12:1 Special Class - 12:1 – Bilingual Special Class – 12:1:1 Special Class – 12:1:1 – Bilingual Special Class – 8:1:1 Special Class – 8:1:1 – Bilingual Special Class - 6:1:1 Special Class - 6:1:1 – Bilingual Special Class – 12:1+(3:1) Special Class – 12:1+(3:1) – Bilingual Special Class: Other (Specify Ratio) Special Class: Other – Bilingual (Specify Ratio) Other Individual Instruction (Specify) Other Small Group Instruction (Specify) Travel Training Adapted Physical Education Other Innovative Waiver Option (Specify) | | | | | |

Student Name:

| | Frequency How often a service will be provided | Duration Length of session | Location Where service will be provided | Service Date Projected beginning date | Service Date Optional end date |
|---|--|--------------------------------------|---|---|--|
| <i>Related Service 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) | | | | | |
| Supplementary Aids and Services/ Program Modifications and Accommodations, Assistive Technology Devices/Services, Supports for School Personnel | | | | | |
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Student Name:

Testing Accommodations: Individual testing accommodations, specific to the student's disability and needs, to be used consistently by the student 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 | Conditions | Specific Implementation Recommendations |
|---|--|--|
| Name of the accommodation (e.g., extended time) | Test characteristics (e.g., type, length, purpose) | (e.g., amount of extended time; type of setting) |
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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 BIP (specify maximum time limit):

Other:

12-month Service and/or Program

Student 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:

Student Name:

Required only if applicable

COORDINATED SET OF TRANSITION ACTIVITIES

Beginning not later than the first IEP to be in effect when the student is age 15 (and at a younger age, if determined appropriate).

| Needed activities to facilitate the student's movement from school to post-school activities | Service/Activity | School District/ Agency Responsible |
|--|------------------|-------------------------------------|
| Instruction | | |
| Related Services | | |
| Community Experiences | | |
| Development of Employment and Other Post-school Adult Living Objectives | | |
| Acquisition of Daily Living Skills (if applicable) | | |
| Functional Vocational Assessment (if applicable) | | |

PARTICIPATION IN STATE AND DISTRICT-WIDE ASSESSMENTS

- The student will participate in the same State and district-wide assessments of student achievement that are administered to general education students.
- The student will participate in an alternate assessment on a particular State or district-wide assessment of student achievement.

Identify the alternate assessment:

Statement of why the student cannot participate in the regular assessment and why the particular alternate assessment selected is appropriate for the student.

Student Name:

PARTICIPATION IN REGULAR CLASS

Removal from the general education environment occurs only when the nature or severity of the disability is such that, even with the use of supplementary aids and services, education cannot be satisfactorily achieved.

Explanation of the extent, if any, to which the student will not participate with non-disabled children in the regular class, extracurricular and other non-academic activities.

If a student is not participating in a regular physical education program, the extent to which the student will participate in specially-designed instruction in physical education, including adapted physical education.

Excusal from language other than English diploma requirement:

- No
- Yes, the student's disability adversely affects the ability to learn a language and the student is excused from the language other than English requirement.

TRANSPORTATION

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

- Student has no special transportation needs.
- Special transportation needs: (specify)
- Student needs transportation to and from special classes or programs. (specify)

PLACEMENT RECOMMENDATION

Student Name:

Required only if applicable

RECOMMENDATIONS UPON DECLASSIFICATION

For a student who, based upon a reevaluation, has been determined to no longer be eligible for special education services

Date declassified: / /

Declassification Support Services (including testing accommodations)

- Student declassified and not recommended for declassification support services.
- Student declassified and recommended for declassification support services to be provided to the student or student's teacher(s) during the first year after the student has been determined to be no longer eligible for special education services.

| Service | Initiation Date | Frequency | Duration | Ending Date |
|---------|-----------------|-----------|----------|-------------|
| | / / | | | / / |
| | / / | | | / / |
| | / / | | | / / |

| Testing Accommodations | Conditions | Specifications |
|------------------------|------------|----------------|
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| | | |

Other: