

Educational Performance

Evaluation Information

The IEPT:

- Considered the results of the initial evaluation or most recent evaluation of the student.
- As appropriate, considered the results of the student’s performance on any general state- or district-wide assessment programs.
*Describe: _____

Student Profile and Progress

- Student strengths were considered. *Describe: _____
- Parent input and concerns for enhancing the education of the student were considered.
*Describe: _____
- Address the student’s anticipated needs or other matters.
*Describe: _____

List student concerns and priorities for his/her education considering involvement and progress in the general curriculum (optional):

- Review the student’s progress toward current IEP annual goals and objectives.
*Describe: _____
- Review the student’s progress in the general curriculum, where appropriate.
*Describe: _____

*The IDEA 1997 requires consideration of the above information. The written descriptions are optional.

Present Levels of Educational Performance

Provide a statement of the student’s present levels of educational performance.

- Describe how the student’s disability affects his/her involvement and progress in the general curriculum, including physical education.
- For preschool children, as appropriate, describe how the disability affects the student’s participation in appropriate activities.

Consideration of Special Factors

The IEPT must consider the following for all students (check each box):

- The communication needs of the student.
- Positive behavior interventions, strategies, and supports for students whose behavior impedes learning.
- Language needs for students with limited English proficiency.
- The need for Braille instruction for students who are blind or visually impaired.
- The communication and language needs for students who are deaf or hearing impaired.
- The need for assistive technology devices or services.

If the IEPT determines that a device or service is needed from any of the above, include a statement to that effect:

Student Eligibility

(check one)

- The IEPT determined this student is eligible for special education as a student with:
- This student continues to be eligible for special education as a student with:

Primary disability _____

R 340.17 _____

Secondary disability, if determined _____

R 340.17 _____

- The IEPT determined this student to be ineligible for special education. (Proceed to Resident District Commitment, Operating District Commitment, and Parent Consent.)

Transition

The following must be considered for any student who will reach age 14 during the implementation of this IEP. The IEPT may consider the following, if determined appropriate, for any student who is younger.

The student was invited to the transition IEPT meeting.

The student attended the meeting Yes No If No, describe the steps that were taken to ensure that the student's preferences and interests were considered: _____

The student provided input regarding preferences and interests. Describe preferences (optional): _____

If the student will turn age 14 or 15 during the implementation of the IEP (or younger if determined appropriate by the IEPT), the IEP must include a statement of the transition service needs that focuses on the student's courses of study. Describe the transition service needs (review at each subsequent IEP after age 14):

If the student will turn at least age 16 during the implementation of the IEP (or younger, if determined appropriate by the IEPT), the IEP must include a statement of needed transition services for the student. The IEPT determined the need for transition service(s) in one or more of the following areas:

- Instruction:
 - Yes - Describe: _____
 - No - Describe: _____
- Related Services
 - Yes - Describe: _____
 - No - Describe: _____
- Community Experiences
 - Yes - Describe: _____
 - No - Describe: _____
- Development of employment and other post-school adult living objectives (may include work study per R 340.1733(m))
 - Yes - Describe: _____
 - No - Describe: _____
- Acquisition of daily living skills and functional vocational evaluation (if appropriate)
 - Yes - Describe: _____
 - No - Describe: _____
- A representative from any other agency likely to be responsible for providing or paying for transition services was invited to attend.

Agency Contacted _____ Contacted By _____ Method of Contact _____ Date _____
Agency Contacted _____ Contacted By _____ Method of Contact _____ Date _____

- Provide a description of each participating agency's responsibilities and/or linkages.

Agency

Statement of Responsibility

If the student will turn age 17 during the implementation of the IEP: At least one year prior to age 18, the student was informed of parental rights which transfer to the student at age 18.

Transition

Prevocational/Vocational Considerations

Beginning at age 12 (consider at age 11), the student's prevocational/vocational needs were considered.

Annual Goals and Short-Term Objectives

(More than one page may be necessary.)

Refer to the **present level of educational performance** and develop measurable annual goals or short-term objectives related to:

- 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; and
- Meeting each of the student's other educational needs that result from the student's disability.

Instructional Area: (optional) _____

Annual Goal: _____

Short-Term Objectives	Evaluation Procedures	Frequency of Evaluation	Performance Criteria
1) _____ _____			
2) _____ _____			

Instructional Area: (optional) _____

Annual Goal: _____

Short-Term Objectives	Evaluation Procedures	Frequency of Evaluation	Performance Criteria
1) _____ _____			
2) _____ _____			

Instructional Area: (optional) _____

Annual Goal: _____

Short-Term Objectives	Evaluation Procedures	Frequency of Evaluation	Performance Criteria
1) _____ _____			
2) _____ _____			

Supplemental Page for Annual Goals and Short-Term Objectives

Instructional Area: (optional) _____

Annual Goal: _____

Short-Term Objectives	Evaluation Procedures	Frequency of Evaluation	Performance Criteria
1) _____ _____	_____	_____	_____
2) _____ _____	_____	_____	_____

Instructional Area: (optional) _____

Annual Goal: _____

Short-Term Objectives	Evaluation Procedures	Frequency of Evaluation	Performance Criteria
1) _____ _____	_____	_____	_____
2) _____ _____	_____	_____	_____

Instructional Area: (optional) _____

Annual Goal: _____

Short-Term Objectives	Evaluation Procedures	Frequency of Evaluation	Performance Criteria
1) _____ _____	_____	_____	_____
2) _____ _____	_____	_____	_____

Reporting Progress

Describe how and when the student’s parents will be regularly informed of progress toward the annual goals. The child’s parents must be regularly informed at least as often as parents are informed of the progress of children who are nondisabled.

Supplementary Aids and Services Based on Student Needs

Provide a statement of the supplementary aids and services to be provided to the student, or on behalf of the student, and a statement of the program modifications or supports for school personnel that will be provided for the student:

- To advance appropriately toward attaining the annual goals;
- To be involved and progress in the general curriculum and to participate in extracurricular and other nonacademic activities; and
- To be educated and participate in the activities above with other students, both with and without disabilities.

Supplementary Aid/Service	Amount of Time and Frequency	Beginning Mo/Day/Yr	Ending Mo/Day/Yr	Location

Consider accessibility of physical facilities.

Describe: (optional) _____

Least Restrictive Environment

Identify the least restrictive environment program and related service options which were considered and rejected, including the reasons why the options were rejected:

Explain the extent to which the student will:

- Not participate with students who are nondisabled in the general education program
- Not be involved and progress in the general curriculum
- Not participate in extracurricular and nonacademic activities

Special Education Programs/Ancillary and Other Related Services

Program/Service	Rule Number	Amount of Time and Frequency	Beginning Mo/Day/Yr	Ending* Mo/Day/Yr	Location
	R 340.17				
	R 340.17				
	R 340.17				
	R 340.17				

* Extended school year (ESY) services must be provided only if a student’s IEPT determines, on an individual basis, that the services are necessary for the provision of FAPE.

Programs offered and rejected by the parent because the parent elected to enroll the child in a nonpublic school:

Special education hours per week _____ General education hours per week _____ Total hours per week _____

Secondary departmentalized program: Yes No

Resource program: Student eligibility and teacher endorsement are same different

Teacher endorsement(s): _____

If the student's eligibility is different than the teacher endorsement, are teacher consultant services needed for the resource room teacher? Yes No

Categorical program: The category of program and the student's eligibility category are: same different.

If the above categorical program is different than the student's eligibility category, the IEPT must provide a rationale. The rationale is:

This placement can only occur if the parent agrees to the categorical program that is different than the student's eligibility category. The parent agrees to this placement: **(Parent Signature)** _____

Transportation — Is specialized transportation required? No Yes, specifics required:

Assessment Participation

List the state-wide assessment(s) in which the student will participate (e.g., math, language arts):

Describe the needed accommodations for each test:

If the student will not participate in a particular state-wide assessment indicate why the state assessment is inappropriate:

List the district-wide assessment(s) in which the student will participate (e.g., math, language arts):

Describe the needed accommodations for each test:

If the student will not participate in a particular district-wide assessment indicate why the district assessment is inappropriate:

If the student will not participate in state- or district-wide assessment, how will the student be assessed? _____

Resident District Commitment

Resident district superintendent/designee (check all that apply):

- Agrees with the IEP and its implementation.
- Does not agree with this IEP and requests mediation.
- Does not agree with this IEP and requests an impartial due process hearing.
- The student is attending a program operated by a nonresident district and the resident district superintendent/designee authorizes the operating district to conduct subsequent IEPT meetings and a contract is on file.
- Agrees that the student is not eligible for special education.

Signed: _____ Date: _____

Resident District Superintendent or Designee

month/day/year

Operating District Commitment (to be used when authorized)

The student is attending a program outside of the resident district and the operating district superintendent/designee (check all that apply):

- Agrees to provide the IEP program(s) and/or service(s) and a contract is on file.
- Agrees to conduct subsequent IEPT meetings.
- Does not agree with this IEP and requests mediation.
- Does not agree with this IEP and requests an impartial due process hearing.
- Agrees that the student is not eligible for special education.

Signed: _____ Date: _____
Operating District Superintendent or Designee month/day/year

Parent Consent (check all that apply)

As the Parent, I:

- Understand the contents of this IEP.
- Have been informed of my rights (all procedural safeguards).
- Have been given sources to contact to obtain assistance.
- Agree with this IEP.
- Do not agree with this IEP but will allow it to be used.
- Do not agree with this IEP and request mediation.
- Do not agree with this IEP and requests an impartial due process hearing.
- Agree that my child is not eligible for special education.

Parent Signature*: _____ Date: _____ (month/day/year)
Student Signature: _____ Date: _____ (month/day/year)

Parent signature is required for initial placements. When the student's eligibility is different than the categorical program placement an additional signature is needed.

*"Parent" also means the person with disability when the person reaches 18 years of age, if a legal guardian has not been appointed by appropriate court proceedings.

Additional Notice Requirements The superintendent or designee of the operating district assures:

- (a) That to the maximum extent appropriate, a person who has a disability, including a person who is assigned to a public or private institution or other care facility, is educated with persons who do not have disabilities.
- (b) That placement of a person who has a disability in special classes, separate schools, or the removal of a person who has a disability from the general education environment occurs only when the nature or severity of the disability is such that education in a regular class using supplementary aids and services cannot be satisfactorily achieved.
- (c) That a person whose disability is such that he or she requires special classes or facilities shall be placed in programs or services as close as possible to his or her home.
- (d) That unless the IEP of a student with a disability requires some other arrangement, the student is educated in the school that he or she would attend if nondisabled.
- (e) That in selecting the least restrictive environment, consideration shall be given to any potentially harmful effects to the student or the quality of services that the student needs.

Location (building) of program(s) and/or service(s): _____

Operating district: _____

Person responsible for implementation: _____

Implementation date: _____ (month/day/year). All programs and services begin on this date unless otherwise noted in this IEP.

Signed: _____ Date: _____
Superintendent or Designee month/day/year