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 |
| This IEP is an: [ ] Initial [ ] Annual Review [ ] Amended | Projected Triennial Re-evaluation Date:  |
| Parent/Guardian Name:  | Home Phone:  |
| Address:  |
| Native Language:  | Daytime Phone:  |
|  |  |
| Parent/Guardian Name:  | Home Phone:  |
| Address:  |
| Native Language:  | Daytime Phone:  |

**IEP Information**

|  |  |
| --- | --- |
| Special Education Teacher Name:  | Telephone Number:  |
| Eligibility Category:  | Medical Information:  |

**IEP Team Information**

|  |  |  |
| --- | --- | --- |
| Names of All IEP Team Members Invited to Attend | Position or Title(Signature **DOES NOT** indicate agreement) | IEP Meeting Attendance(Check **DOES NOT** indicate agreement) |
|   |   | [[ ] ] Yes [[ ] ] No |
|   |   | [[ ] ] Yes [[ ] ] No |
|   |   | [[ ] ] Yes [[ ] ] No |
|   |   | [[ ] ] Yes [[ ] ] No |
|   |   | [[ ] ] Yes [[ ] ] No |
|   |   | [[ ] ] Yes [[ ] ] No |
|   |   | [[ ] ] Yes [[ ] ] No |
|   |   | [[ ] ] Yes [[ ] ] No |
|   |   | [[ ] ] Yes [[ ] ] No |
|   |   | [[ ] ] Yes [[ ] ] No |
|   |   | [[ ] ] Yes [[ ] ] No |
|   |   | [[ ] ] Yes [[ ] ] No |
|   |   | [[ ] ] Yes [[ ] ] No |
|   |   | [[ ] ] Yes [[ ] ] No |
|  |
| **Transfer of Rights** (Completed no later than the student’s 17th birthday.) |
|[ ]  The student & parents have been informed that Special Education Rights **will** transfer to the student at age 18. |
|[ ]  Special Education Rights **will not** transfer to the student at age 18 because: |
|[ ]  The IEP Team has determined that the student is not able to provide informed consent. |
|[ ]  A legal guardian has been appointed by the court. |
|

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| 1. **Assessment Summary for Transition Services Planning** (maintain cumulative record of assessments)**:**
 |
| **Transition Assessment Tool:**  | **Date:** | **Summary of Results:** |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|  |
| 1. **Present Level of Performance for Postsecondary Goals and Transition Services Planning**
 |
| List and summarize the student’s educational/developmental/vocational strengths, needs, significant personal attributes and personal accomplishments as indicated by formal or informal assessments.  |
|  |
| 1. **Additional Student Input**
 |
| List additional student input. Be sure to include the preferences and interests of the student**.**   |
|  |
| 1. **Postsecondary Goals**
 |
| Select **one** of the following statement options to begin each postsecondary goal. |
|  **Statement option 1:** Within one year of graduation (student name) will … |
|  **Statement option 2:** After exiting an 18-21 program (student name) will … |
|  **Statement option 3:** After completion of a postsecondary program (student name) will … |
| **Required** | **Education and Training:****(must have two goals if the skills are different)** |   |
| **Employment/Career:** |  |
|  | **Independent Living** (When appropriate)**:** |  |
|  |
| 1. **Skill Areas**
 |
| List the skill areas to be addressed in the annual goals needed to progress the student toward attaining postsecondary goals (based on student eligibility and need).  |

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| 1. **Transition Activities** (maintain cumulative record of transition activities and list special education teacher or case manager or transition teacher in all the required areas below as person responsible)**:**
 |
| **Transition Activities** | **Position Responsible** | **Start Date** | **Status\*** | **Completion Date** |
| 1. **Postsecondary Education and Training: (Required)**
 |
|  |   |   |   |   |
| 1. **Employment/Career:** **(Required)**
 |
|  |   |   |   |   |
| 1. **Community Participation: (Required)**
 |
|  |   |   |   |   |
| 1. **Independent Living: (IEP Team Must Consider)**
 |
|  |   |   |   |   |
| 1. **Adult Services: (IEP Team Must Consider)**
 |
|  |   |   |   |   |
| 1. **Related Services: (IEP Team Must Consider)**
 |
|  |   |   |   |   |
|  | \*Status Code: | 1= Completed | 3= Not Started…(why) |
|  | 2= In Progress…(status) | 4= No Longer Applicable… (why) |
|  |
| 1. **Agency Participation**
 |
|  Were any outside agencies invited to attend the IEP Team meeting? |
|   |
| [ ] Yes, with documentation of written consent dated prior to agency invitation |
|  Date of written/verbal consent  |   | Date of outside agency invitation |   |  |
|  | (Prior to Invitation) |  | (Following consent) |  |
|  [ ]  No |
|  If “No” specify reason: |   |
|  |
|  (If verbal consent is given and documented in Parent Contact Log, IEP Team must obtain written consent by/on the date of the IEP Team Meeting.) |

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| **8. High School Graduation Consideration** (must include credits, online courses, state assessments, college entrance exam, senior project)**:** |
|  |
|  [ ]  The student will meet regular high school graduation requirements. [ ]  The student will meet district alternate mechanism/plan requirements. |
|  [ ]  The student will meet high school graduation requirements with adaptations as determined by the IEP Team. |
|  Describe: |   |
|  Anticipated graduation date: |   |  |
|  [ ]  A parent approved student learning plan (course of study) is attached or documented below. |
|  |
| School Year | Grade Level | List courses to be taken each year (must list all courses 9-12th grade). At least one course must be included to help reach Postsecondary Goals | Credits Earned |
|  |  |  |  |
|   | Grade 8 |   |   |
|   | Grade 9 |   |   |
|   | Grade 10 |   |   |
|   | Grade 11 |   |   |
|   | Grade 12 |   |   |
|   | Ages 18-21 |   |   |
|  |
| **9. College Entrance Exam** |
| IEP Team Consideration |
| Student will take (select one): |
|[ ]  SAT (State Funded) |[ ]  ACT |
|[ ]  ACCUPLACER (State Funded) |[ ]  Compass |
|  |
| If accommodations are needed, request no later than 10th grade.  |
|[ ]  Consent for accommodation must be given prior to request |
|  |
| Student is exempt from taking college entrance exam (if appropriate)  |
|[ ]  Student participates in ISAT-Alt and the IEP Team has determined student will be exempt |
| or |  |
|[ ]  Designation of non-reportable score by College Board |

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| 10. Document Evidence of Idaho 10th Grade Achievement Standards Proficiency  |
| Reading | Document score and/or evidence of proficiency |
| [ ]  SBAC [ ]  ISAT Alt [ ]  Alternate Rte. [ ]  IEP Rte.  |   |
| Mathematics | Document score and/or evidence of proficiency |
| [ ]  SBAC [ ]  ISAT Alt [ ]  Alternate Rte. [ ]  IEP Rte. |   |
| Language Arts | Document score and/or evidence of proficiency |
| [ ]  SBAC [ ]  ISAT Alt [ ]  Alternate Rte. [ ]  IEP Rte. |   |
| Science | Document score and/or evidence of proficiency |
| [ ]  SBAC [ ]  ISAT Alt [ ]  Alternate Rte. [ ]  IEP Rte. |   |

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| **Eligibility for a student to take the ISAT-Alt:** The student must meet **all** of the criteria listed below for the IEP Team to determine that the student is eligible to participate in an alternate assessment: 1. The student’s demonstrated cognitive ability and adaptive behavior prevent completion of the general academic curriculum even with program accommodations and/or adaptations;
2. The student’s course of study is primarily functional-skill and living-skill oriented (typically not measured by state or district assessments); and

The student is unable to acquire, maintain, or generalize skills (in multiple settings) and to demonstrate performance of these skills without intensive and frequent individualized instruction. |

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| **11. Annual Presentation Levels of Performance and Annual Goals** |
|  |
| Annual Goals must link directly to Postsecondary Goals and to student’s transition service needs  |
|  |
| **A. Skill Area:**  |
|  |
| 1. **Present Level of Performance:**
 |
| **How does the student’s disability affect his or her involvement in and progress in the general education curriculum? List the student’s current level (baseline data) and the assessment where the data was obtained. (State how the goal links to the postsecondary goal).** |
|  |
|  |
| 1. **General Education Content Standard(s): (Idaho Content Standards, Idaho Core, Idaho Work Place Competencies, Idaho Extended Content Standards)**
 |
|  |
| 1. **Annual Goal: Must list the condition or level of instruction, the behavior or skill, and the criteria** (must be aligned to baseline data identified in the Present Level of Performance):
 |
|  |
|  |
| 1. **Evaluation Procedure**:
 |
| [ ] **Monitor/Chart Progress** | [ ]  **Specific Assessment** | [ ]  **Rubric** | [ ]  **Assessment Name** |  |
|  |
|  |
| 1. **Schedule of Data Collection:**
 |
| [ ]  **Hourly**  | [ ]  **Daily**  | [ ]  **Weekly**  | [ ]  **Bi-Weekly**  | [ ]  **Other** |  |
|  |
|  |
| 1. **Assistive Technology** (if needed):
 |
|  |
| **H. How/when progress will be reported to the family:**  |  |  | **Enter report card dates in the 1st line below.** |
|  |  |  |  |  |  |  |  |
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| **\*Progress Codes:** |  | **Progress Projection Codes:** |
| 1 = Completed 2 = In progress | 3 = Not started4 = Other:       | A = Progress is adequate to meet target dates.B = Progress is inadequate to meet target dates. |

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| 2. IEP Services |
| The information on this page is a summary of the student’s program/services, including when services will begin, where they will be provided, who will be responsible for providing them, and when they will end:  |
|  |
| Service | Position Responsible | Service Implementer | **Location**(1**/line)** | M Code | Service Time (minutes/week) | Start Date | End Date |
| Special Education (specifically designed instruction—must list the specific skill area that will be addressed by the service)Include supports for school personnel (e.g. specified training to be provided to a teacher) provided on behalf of the student. |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
| Related Services (i.e. speech, motor, counseling, vision/hearing, transportation, interpretative, orientation/mobility, etc.) |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
| Location Codes: |  |  | Medicaid (M) Codes: |  |
| 01 Gen Ed Classroom | 04 Hospital |  | IN = Individual | HM = Parapro |
| 02 Sp Ed Classroom | 05 Community |  | HQ = Group | TD = Reg. Nurse |
| 03 Home | 06 Therapy Room |  | HO = Professional | LP = LPN |
|  |
| Service | Position Responsible | Start Date | Duration |
| Supplementary Aids and Services: allow students to be educated with non-disabled peers to the maximum extent in general education (examples: collaboration time, parent or staff training, consultative services). |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|  |
| 13. Optional Statement of Service Delivery |
| Describe how services will be provided to the student. |
|  |
| 14. Other Considerations |
| A. Special transportation is a related service. The student requires [ ]  Regular [ ]  Special [ ]  No transportation. Describe if necessary:1. Are extended school year (ESY) services required for this student? [ ]  Yes [ ] No [ ]  TBD. If TBD, when:\_\_\_\_\_\_\_\_\_. If Yes, complete *1* – *6* below.

*1*. What are the skills this student will lose as a result of an interrupted educational program and will be unable to recoup so as to make reasonable progress toward achieving the goals and benchmarks/objectives in the IEP? *2*. What skills are emerging that require ESY services in order to make reasonable gains? *3*. What acquisition of a critical life skill that aids the student’s ability to function independently would be threatened by an interruption in services? *4*. In what way are the above skills critical to the overall progress of the student? *5*. Specify which goals and objectives/benchmarks should be part of the IEP for ESY services. *6*. Begin and end dates of ESY: \_\_\_\_\_\_\_\_\_\_. Hours per week: \_\_\_\_\_\_\_\_\_\_\_1. Does the student have limited proficiency in English? [ ]  Yes [ ] No. If yes, what native language? \_\_\_\_\_\_\_\_\_\_. Explain what considerations are necessary:
2. If hearing impaired/deaf, is hearing aid monitoring required? [ ]  Yes [ ] No [ ] Not hearing impaired/deaf. If yes, explain what considerations are necessary:
3. If visually impaired/blind, is Braille required? [ ]  Yes [ ] No [ ] Not visually impaired/blind. If yes, explain what considerations are necessary:
 |

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| **15. Accommodations, Adaptations, and/or Supports in General and Special Education** |
| Document accommodations and/or adaptations the student requires, based on assessed needs, in order to advance appropriately toward attaining the identified annual goals, be involved and make progress in general education curriculum, and be educated in general education to the maximum extent possible. **Accommodations/adaptations provided on state/district wide assessments must be provided as a part of the regular instructional program.** |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Check** | **Accommodation/Adaptations Needed** | **Check** | **Accommodation/Adaptations Needed** |
|  | **Presentation** |  | **Setting** |
| [ ]  | Use large print/Braille/recorded books | [ ]  | Read class materials orally |
| [ ]  | Alter format of materials (highlight, type, spacing, color-code, etc.)  | [ ]  | Adapt/repeat/model directions |
| [ ]  | Low vision devices (magnifiers, closed circuit TV, etc.)  | [ ]  | Take test in separate location |
| [ ]  | Sign Language (ASL, SEE, etc) | [ ]  | Preferential seating  |
| [ ]  | Shortened assignments | [ ]  | Other:  |
| [ ]  | Preview test procedures | [ ]  | Other:  |
| [ ]  | Limited multiple choice |  | **Response** |
| [ ]  | Rephrase test questions/directions | [ ]  | Oral response to assignments/tests |
| [ ]  | Provide test/quiz study guides/outlines | [ ]  | Text-to-Speech (Kurzweil, WYNN, etc.) |
| [ ]  | Provide extra credit options | [ ]  | Allow dictation to a scribe |
| [ ]  | Simplify test/quiz wording  | [ ]  | Allow use of calculator |
| [ ]  | Read class materials orally  | [ ]  | Allow use of a tape recorder |
| [ ]  | Assign peer tutor/note taker  | [ ]  | Spelling/grammar devices |
| [ ]  | Adapt/repeat/model directions  | [ ]  | Speech-to-text software |
| [ ]  | Individualized/small group instruction  | [ ]  | Hands-on assignments |
| [ ]  | Other:  | [ ]  | Other:  |
| [ ]  | Other:  | [ ]  | Other:  |
|  | **Timing/Scheduling** |  | **Other:** |
| [ ]  | Provide notice of tests/quizzes  | [ ]  | Provide desktop list of tasks |
| [ ]  | Extra time to complete assignments, tests/quizzes (based on following assessment): WJ-III Reading fluency  | [ ]  | Provide homework lists |
| [ ]  | Behavior plan/contract |
| [ ]  | Provide daily assignment lists |
| [ ]  | Adapted grading  |
| [ ]  | Modify student schedule (describe below) | [ ]  | Other:  |
| [ ]  | Other:  |
| [ ]  | Other:  |
|  | **Assistive Technology:** |
| [ ]  | Allow breaks (during work/tasks, etc.) | [ ]  | Describe:  |
| [ ]  | Other:  | [ ]  | Describe:  |

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| **16. Participation in State/District Assessment** |
| Accommodations/adaptations provided on state/district wide assessments must be provided as a part of the regular instructional program. |
| AC = Accommodations AD = Adaptations ISAT-Alt = Idaho Alternate Assessment |
|  |  |  |  |  |
| **Participation** | **Regular** | **AC** | **AD** | **Accommodation or Adaptations** |
| **Language Arts**  |  |
| [ ]  | ISAT |   |   |   |   |
| [ ]  | DWA |   |   |   |
| [ ]  | ISAT-Alt-LA |   |
| **Reading**  |  |
| [ ]  | IRI |   |   |   |   |
| [ ]  | ISAT |   |   |   |
| [ ]  | ISAT-Alt-R |   |
| **Mathematics**  |  |
| [ ]  | IMI |   |   |   |   |
| [ ]  | ISAT |   |   |   |
| [ ]  | DMA |   |   |   |
| [ ]  | ISAT-Alt-M |   |
| **Science**  |  |
| [ ]  | ISI |   |   |   |   |
| [ ]  | ISAT |   |   |   |
| [ ]  | ISAT-Alt-S |   |
|  |
| **Note 1:** Only those accommodations and adaptations: listed in No. 1 above and regularly used by the student in the classroom instruction and classroom testing may be used during statewide and district wide assessments.  |
| **Note 2:** Accommodations do not invalidate assessment results. |
| **Note 3:** Adaptations result in the student being counted as not proficient and not participating.  |
|  |
| **17. College Entrance Exam Accommodations:** accommodation requested to the College Board (if appropriate) |
| Describe:  |
|  |
| **18. Behavior Intervention Planning** |
| 1. Does behavior impede the student’s learning or that of others?...........................................……….
 | [ ]  Yes  | [ ]  No |
| 1. If yes, have positive behavior supports been considered?.………………………………………….......
 | [ ]  Yes  | [ ]  No |
| 1. The positive behavior supports, if needed, are incorporated in this IEP…………………….……...….
 | [ ]  Yes  | [ ]  No |
| 1. A behavior intervention plan (BIP), including positive supports, is included or attached to this IEP..
 | [ ]  Yes  | [ ]  No |

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| 1. **lEAST RESTRICTIVE ENVIRONMENT (LRE)**
 |
| *Check one:*  |  |
| [ ]  | The student will participate entirely in the general education classroom, the general education curriculum, and nonacademic and extracurricular activities with nondisabled peers. |
| [ ]  | The student will participate in the general education classroom and curriculum, **except for the following**: |
| *Check and explain all that apply.* |  |
| [ ]  | General education classroom: |  |
| [ ]  | General education curriculum: |  |
| [ ]  | Non-academic and extracurricular activities with non-disabled peers: |  |
|  |  |  |
|  |
| 1. **DECEMBER 1 FEDERAL REPORT: EDUCATIONAL ENVIRONMENT FOR AGES 6-21 (Must match minutes on the IEP services and other considerations page).**
 |
| [ ]  | (01) Student is inside the general education classroom 80% or more of the school day. In a 6-hour school day, the student is inside the regular class at least 288 minutes. |
| [ ]  | (02) Student is inside the general education classroom at least 40% but not more than 79% of the school day. In a 6-hour school day, the student is inside the regular class at least 145 minutes, but not more than 287 minutes. |
| [ ]  | (03) Student is inside the general education classroom less than 40% of the school day. In a 6-hour school day, the student is inside the regular class 144 minutes or less. |
| [ ]  | (11) Student is in a district self-contained classroom in a separate special education school for more than 50% of the school day – more than 180 minutes in a 6-hour day. |
| [ ]  | (12) Student is placed in a private special education day school / facility at public expense for more than 50% of the school day – more than 180 minutes in a 6 hour school day. |
| [ ]  | (13) Student receives education services in a public residential facility for more than 50% of the school day and resides in that facility during the school week. |
| [ ]  | (14) Student receives education services in a private residential facility at public expense for more than 50% of the school day and resides in that facility during the school week. |
| [ ]  | (15) Student receives special education services in a hospital or homebound setting (do not include home-schooled students or virtual charter school students.) |
| [ ]  | (16) Student receives special education services in a detention center or correctional facility. |

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| 21. WRITTEN NOTICE |
| The student will receive the services and placement outlined on this IEP because the student is eligible for special education and the IEP team has determined that this IEP will meet his or her needs. |
| A. The following options were considered but rejected because:  |
|   |
| B. The following evaluation procedures, tests, records, or reports were used as a basis for the IEP: |
|   |
| C. The following information and other factors from parents and other sources were used to develop this IEP: |
|   |
| You have protection under the procedural safeguards of the Individuals with Disabilities Education Act (IDEA, 2004). If you need an explanation or a copy of the *Procedural Safeguards Notice* or have additional concerns*,* please contact |
|   | at |   | . |
| Case Manager’s Name |  | Building or Phone Number |  |
|  |
| After contacting the school if further assistance is needed, you may contact any of the agencies below: |
|  |
| Idaho State Department of Education Idaho Parents Unlimited, Inc. Disability Rights Idaho.208/332-6910 800/242-4785 V/TT: 208/336-5353800/432-4601 V/TT: 208/342-5884 V/TT: 866/262-3462TT: 800/377-3529 |
|  |
| **22. CONSENT FOR INITIAL PLACEMENT** |
|[ ]  I CONSENT to placing  |  | in special education. |
|  | I understand that I can revoke this consent before services begin. |
|[ ]  I DENY CONSENT to placing  |  | in special education. |
|  |  |  |  |
|  |  |  |
| Parent or Adult Student Signature |  | Date |