

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

SECTION I: Student and Parent Information

STUDENT NAME: _____ IEP Meeting Date: _____ Meeting Type: _____

STUDENT ID: _____ Attending School: _____

Student Information

First Name: _____ MI: _ Last Name: _____
 Student ID: _____ Date of Birth: _____
 Age: ____ Gender: Male Female
 Race (*Check Only One*):

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> White (not Hispanic)
<input type="checkbox"/> Black or African American (not Hispanic)	<input type="checkbox"/> Hispanic

Student's Primary Language: _____
 Language of Instruction: _____
 Limited English Proficiency: Yes No
 Student's Home Address: _____
 City: _____ State: ____ Zip: _____

School Information

Attending School: i.e. George Washington Elementary School
 School Address: _____
 School Phone: _____
 Student's Grade: ____ Interpreter Needed: Yes No
 Special Education Case Manager: _____
 Title: _____ Phone: _____

Parent/Guardian Information

Parent/Guardian (Primary)

First Name: _____ MI: _ Last Name: _____
 Address: _____
 City: _____ State: ____ Zip: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____ E-mail: _____
 Language: _____ Relationship: _____
 Student Lives Here Include on IEP Team
 Holds Legal Educational Rights

Parent/Guardian (Additional)

First Name: _____ MI: _ Last Name: _____
 Address: _____
 City: _____ State: ____ Zip: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 E-mail: _____
 Language: _____ Relationship: _____
 Student Lives Here Include on IEP Team
 Holds Legal Educational Rights

Student's Primary Disability (*check one only*): Autism Deaf Deaf-Blindness Emotional Disturbance Mental Retardation Multiple Disabilities Orthopedic Impairment Other Health Impairment Specific Learning Disability Speech or Language Impairment Traumatic Brain Injury Visual Impairment Developmentally Delayed

Last Eligibility Determination Date: _____ **Last IEP Meeting Date:** _____

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SECTION II: Present Levels of Performance

STUDENT NAME: _____ IEP Meeting Date: _____ Meeting Type: _____

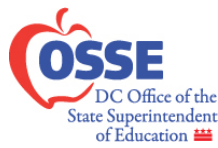
STUDENT ID: _____ Attending School: _____

Instructions: Select one or more Functional/Academic Areas of Concern as applicable to student. Each Area that was previously evaluated and it was determined to be an area of "weakness" should be included. Note that for each Present Level of Performance statement, Annual IEP goals must be developed.

Functional/ Academic Area Assessed	Present Level of Performance	Student's Needs	Impact on Student's Educational Outcomes
<input type="checkbox"/> Academic - Math			
<input type="checkbox"/> Academic - Reading			
<input type="checkbox"/> Academic - Written Expression			

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Functional/ Academic Area Assessed	Present Level of Performance	Student's Needs	Impact on Student's Educational Outcomes
<input type="checkbox"/> Adaptive Daily Living Skills			
<input type="checkbox"/> Emotional, Social, and Behavioral Development			
<input type="checkbox"/> Communication/ Speech and Language			
<input type="checkbox"/> Health/Physical			
<input type="checkbox"/> Motor Skills/Physical Development			
<input type="checkbox"/> Hearing			
<input type="checkbox"/> Vision			



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SECTION III: Annual IEP Goals

STUDENT NAME: _____ IEP Meeting Date: _____ Meeting Type: _____

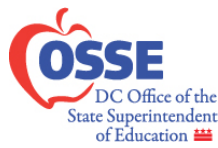
STUDENT ID: _____ Attending School: _____

Instructions: Annual Goals are to be developed for EACH functional/academic area of concern. If you are completing this section electronically, you may copy and paste the section below onto additional pages. If you are writing this section by hand, you may print out additional pages.

Functional/Academic Area of Concern: (Check one only)

Academic-Mathematics
 Academic-Reading
 Academic-Written Expression
 Adaptive-Daily Living Skills
 Emotional, Social, and Behavioral Development
 Communication/ Speech and Language
 Health/ Physical
 Motor Skills/ Physical Development
 Hearing
 Vision

Measurable Annual Goal	Baseline	Anticipated Date of Achievement	Evaluation Method	Frequency
			1. 2. 3.	1. 2. 3.
			1. 2. 3.	1. 2. 3.
			1. 2. 3.	1. 2. 3.
			1. 2. 3.	1. 2. 3.
			1. 2. 3.	1. 2. 3.



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SECTION IV: Services and Supplemental Aides

STUDENT NAME: _____ IEP Meeting Date: _____ Meeting Type: __

STUDENT ID: _____ Attending School: _____

Special Education Services	Setting	Time	Unit	Frequency	Start Date End Date	Extended School Yr?
<input type="checkbox"/> Specialized Instruction	<input type="checkbox"/> Inside General Education <input type="checkbox"/> Outside General Education					<input type="checkbox"/>
<input type="checkbox"/> Math	<input type="checkbox"/> Inside General Education <input type="checkbox"/> Outside General Education					<input type="checkbox"/>
<input type="checkbox"/> Reading	<input type="checkbox"/> Inside General Education <input type="checkbox"/> Outside General Education					<input type="checkbox"/>
<input type="checkbox"/> Written Instruction	<input type="checkbox"/> Inside General Education <input type="checkbox"/> Outside General Education					<input type="checkbox"/>
<input type="checkbox"/> Adapted PE	<input type="checkbox"/> Inside General Education <input type="checkbox"/> Outside General Education					<input type="checkbox"/>

Related Services	Setting	Time	Unit	Frequency	Start Date End Date	Extended School Yr?
<input type="checkbox"/> Audiology	<input type="checkbox"/> Inside General Education <input type="checkbox"/> Outside General Education					<input type="checkbox"/>
<input type="checkbox"/> Behavioral Support Services	<input type="checkbox"/> Inside General Education <input type="checkbox"/> Outside General Education					<input type="checkbox"/>
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Inside General Education <input type="checkbox"/> Outside General Education					<input type="checkbox"/>

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Related Services	Setting	Time	Unit	Frequency	Start Date End Date	Extended School Yr?
<input type="checkbox"/> Orientation and Mobility	<input type="checkbox"/> Inside General Education <input type="checkbox"/> Outside General Education					<input type="checkbox"/>
<input type="checkbox"/> Parent Counseling/Training	<input type="checkbox"/> Inside General Education <input type="checkbox"/> Outside General Education					<input type="checkbox"/>
<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Inside General Education <input type="checkbox"/> Outside General Education					<input type="checkbox"/>
<input type="checkbox"/> Recreation	<input type="checkbox"/> Inside General Education <input type="checkbox"/> Outside General Education					<input type="checkbox"/>
<input type="checkbox"/> School Health	<input type="checkbox"/> Inside General Education <input type="checkbox"/> Outside General Education					<input type="checkbox"/>
<input type="checkbox"/> Speech/Language Pathology	<input type="checkbox"/> Inside General Education <input type="checkbox"/> Outside General Education					<input type="checkbox"/>

Consultative Services	Setting	Time	Unit	Frequency	Start Date End Date	Extended School Yr?
<input type="checkbox"/> Specialized Instruction	<input type="checkbox"/> Inside General Education <input type="checkbox"/> Outside General Education					<input type="checkbox"/>
<input type="checkbox"/> Math	<input type="checkbox"/> Inside General Education <input type="checkbox"/> Outside General Education					<input type="checkbox"/>
<input type="checkbox"/> Reading	<input type="checkbox"/> Inside General Education <input type="checkbox"/> Outside General Education					<input type="checkbox"/>
<input type="checkbox"/> Written Instruction	<input type="checkbox"/> Inside General Education <input type="checkbox"/> Outside General Education					<input type="checkbox"/>
<input type="checkbox"/> Adapted PE	<input type="checkbox"/> Inside General Education <input type="checkbox"/> Outside General Education					<input type="checkbox"/>
<input type="checkbox"/> Audiology	<input type="checkbox"/> Inside General Education <input type="checkbox"/> Outside General Education					<input type="checkbox"/>
<input type="checkbox"/> Behavioral Support Services	<input type="checkbox"/> Inside General Education <input type="checkbox"/> Outside General Education					<input type="checkbox"/>

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Consultative Services	Setting	Time	Unit	Frequency	Start Date End Date	Extended School Yr?
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Inside General Education <input type="checkbox"/> Outside General Education					<input type="checkbox"/>
<input type="checkbox"/> Orientation and Mobility	<input type="checkbox"/> Inside General Education <input type="checkbox"/> Outside General Education					<input type="checkbox"/>
<input type="checkbox"/> Parent Counseling/Training	<input type="checkbox"/> Inside General Education <input type="checkbox"/> Outside General Education					<input type="checkbox"/>
<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Inside General Education <input type="checkbox"/> Outside General Education					<input type="checkbox"/>
<input type="checkbox"/> Recreation	<input type="checkbox"/> Inside General Education <input type="checkbox"/> Outside General Education					<input type="checkbox"/>
<input type="checkbox"/> School Health	<input type="checkbox"/> Inside General Education <input type="checkbox"/> Outside General Education					<input type="checkbox"/>
<input type="checkbox"/> Speech/Language Pathology	<input type="checkbox"/> Inside General Education <input type="checkbox"/> Outside General Education					<input type="checkbox"/>
Assistive Technology	Description/List devices					
<input type="checkbox"/> Communication						
<input type="checkbox"/> Access						
<input type="checkbox"/> Vision						
<input type="checkbox"/> Hearing						
<input type="checkbox"/> Learning and Studying						

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SECTION V: Least Restrictive Environment (LRE)

STUDENT NAME: _____ IEP Meeting Date: _____ Meeting Type: _____

STUDENT ID: _____ Attending School: _____

LRE Calculation

Percentage of Time Outside the General Education Classroom = $(\text{Total Time Outside General Education} \div \text{Total Time in School Week}) \times 100$

Total Time in School Week: _____ Total Time Outside General Education: _____

Percentage of Time Outside General Education Classroom: _____%

For students whose LRE percentage indicates that they will spend *more than 60% of their school day outside the general education* environment, select one of the following placement options.

The IEP team should note that if the desired placement option in a special class or a separate school requires an alternate location assignment, they will be required to collaborate with their LEA or SEA representative in advance of the IEP meeting.

Special Class - Student requires a full or part time class consisting of students with disabilities who have been grouped together because of similar individual needs for the purpose of receiving specially designed instruction. A special class is defined as either a self-contained special education classroom or a special program within a general education school.

Separate School - Student requires a full-time placement in an educational environment specifically designed to address the needs of students with disabilities within a special educational school.

Home/hospital - Student requires instructional and/or supportive services provided by the school in his home, in a convalescent home, or in a hospital. A physician must certify in writing and the IEP provide that the child's bodily, mental, or emotional condition do not permit attendance at a school

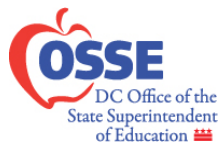
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Statement of Justification for Removal

- I. For each service prescribed outside the General Education classroom, please make a brief statement describing student needs that require removal from general education to receive the following special education and related services. *Note: The nature and/or severity of the disability must be such that the student can only make progress on IEP goals by being removed from the general education classroom to receive these services.*

- II. Describe supplemental supports and services that were previously attempted in a general education setting.

IEP Discussion of Assignment Considerations:



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SECTION VI: Special Transportation

STUDENT NAME: _____ IEP Meeting Date: _____ Meeting Type: _____

STUDENT ID: _____ Attending School: _____

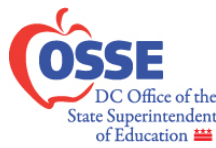
Is special transportation needed? Yes No

Reason for Change in Transportation: New School Year Extended School Year New Student to SE Student Exiting

The student _____ walk to school. Students ability to ride Metro: _____

- Medical reports document a severe health condition that prevents the student from walking to school
- Medical reports document a physical disability that prevents the students from walking to or getting to school independently
- A documented severe cognitive disability prevents the student from walking to school or getting to school independently
- A visual and/ or hearing disability interferes with the student's ability to arrive at school independently
- A severe communication disability prevents the student from communicating for his/ her own safety
- A behavioral/ emotional disability is so severe or erratic that there is concern for the safety of the student and/ or others (rule: if selected, this student's IEP must also include BIP)
- The student is eligible for the preschool special education program and could not participate without special transportation
- The student is/ will attend a distant school because the IEP cannot be implemented at the zone school
- The student is medically fragile and requires a non-traditional schedule
- Other _____

Additional Justification: _____



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SECTION VII: Extended School Year (ESY)

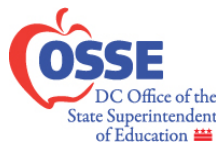
STUDENT NAME: _____ IEP Meeting Date: _____ Meeting Type: _____

STUDENT ID: _____ Attending School: _____

The IEP team RECOMMENDS the provision of an ESY program for the student: Yes No To be determined at a later date

Extended School Year Eligibility Determination Checklist (NOTE: If the team checks 4 or more of these conditions, the student may be eligible for ESY services.)

- The nature or severity of the disability prevents the student from receiving measurable benefits from the educational program during the regular school year.
- The student will demonstrate substantial regression in critical skills without ESY, thus preventing him/her from receiving measurable benefit from the educational program during the regular school year.
- The student has demonstrated emerging skills/breakthrough in critical skills, which will be lost without ESY Services, thus preventing him/her from receiving some benefit from the educational program during the regular school year.
- There are interfering behaviors, such as stereotypic, ritualistic, aggressive, or self-injurious, which will prevent the student from receiving measurable benefit from an educational program during the regular school year.
- There are circumstances (i.e., vocational needs, interaction with non-disabled peers, ability of child's parent to provide structure in the home), which prevent the student from receiving measurable benefit from an educational program during the regular school year.
- The student needs ESY to maintain current level of information, skills, and behaviors in areas necessary for self sufficiency.



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SECTION VIII: Classroom Accommodations and Testing

STUDENT NAME: _____ IEP Meeting Date: _____ Meeting Type: _____

STUDENT ID: _____ Attending School: _____

Regular Program Participation in the Classroom: With Accommodations/Modifications Without Accommodations/Modifications

Instructional Accommodations

Small group work Class notes provided Enlarged copies of handouts Display examples/ models Written and verbal instructions Assignments broken into segments

Response Accommodations

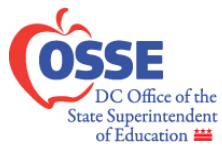
Signed and/or taped response Oral responses to tests Copy from paper/book instead of board Write in test book
 No penalty for spelling/mechanical errors Praise for effort Define appropriate behavior Pointing response
 Response to examiner

Timing & Scheduling Accommodations

Flexible scheduling Test administered over several days Test administered at best time of day for student
 Breaks between subtests Extended time on subtests Breaks during a subtest Extra time for completion of tasks
 Breaks between work periods Time management tools

Classroom Environment Accommodations

Visual stimuli reduced Seating in low traffic area Study carrel Student signals for breaks
 Allow student to transition ahead of class Earplugs/ headphones to minimize noise T-stool/ balance ball or standing allowed
 Daily schedule posted



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Test Setting Accommodations

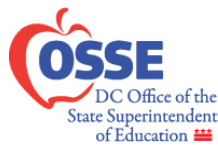
- Preferential seating Small group testing Individual testing Special lighting Location with minimal distractions
 Adaptive or special furniture Noise buffer

Presentation Accommodations

- Repetition of directions Simplification of oral directions Markers to maintain place Magnifying glass
 Amplification equipment Interpretation of oral directions Reading of test questions (math only) Translation of words and phrases (math only) Assisted reading of comprehension passages Assisted reading of entire comprehension test

Equipment Accommodations

- Computers Calculators Pencil grip Response items taped for verbatim transcription Braille materials
 Colored overlays Highlighters/highlighter tape Graphic organizers Human reader Tape recorded articles/ books
 Manipulatives Large print copy



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Participation in DC-CAS Statewide Assessment:

- Regular Statewide Testing/No Accommodations Regular Statewide Testing/With Accommodations Not in grading cohort this year
 Alternate Assessment *(provide justification for Alternate Assessment participation)*

Instructional Accommodations

- Small group work Class notes provided Enlarged copies of handouts Display examples/ models Written and verbal instructions Assignments broken into segments

Response Accommodations

- Signed and/or taped response Oral responses to tests Copy from paper/book instead of board Write in test book
 No penalty for spelling/mechanical errors Praise for effort Define appropriate behavior Pointing response
 Response to examiner

Timing & Scheduling Accommodations

- Flexible scheduling Test administered over several days Test administered at best time of day for student
 Breaks between subtests Extended time on subtests Breaks during a subtest Extra time for completion of tasks
 Breaks between work periods Time management tools

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Classroom Environment Accommodations

- Visual stimuli reduced Seating in low traffic area Study carrel Student signals for breaks
 Allow student to transition ahead of class Earplugs/ headphones to minimize noise T-stool/ balance ball or standing allowed
 Daily schedule posted

Test Setting Accommodations

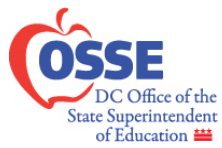
- Preferential seating Small group testing Individual testing Special lighting Location with minimal distractions
 Adaptive or special furniture Noise buffer

Presentation Accommodations

- Repetition of directions Simplification of oral directions Markers to maintain place Magnifying glass
 Amplification equipment Interpretation of oral directions Reading of test questions (math only) Translation of words and phrases (math only) Assisted reading of comprehension passages Assisted reading of entire comprehension test

Equipment Accommodations

- Computers Calculators Pencil grip Response items taped for verbatim transcription Braille materials
 Colored overlays Highlighters/highlighter tape Graphic organizers Human reader Tape recorded articles/ books
 Manipulatives Large print copy



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SECTION IX: Post-Secondary Transition Plan

STUDENT NAME: _____ IEP Meeting Date: _____ Meeting Type: _____

STUDENT ID: _____ Attending School: _____

Students must have a Transition Plan in place by the time they turn 16 years of age. This means that if the student is 15 years of age when his/her IEP meeting is held, the IEP team must complete a transition plan for this student so that it will be in place by his/her 16th birthday.

Long-Range Goals and Interests

Transition Area	Long-Range Goals and Interests	Courses of Study
Post-Secondary Education and Training		
Employment		
Independent Living		

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Post-Secondary Education and Training:

I. *List age-appropriate assessments used to determine Post-Secondary Education and Training Goals*

Assessment Type	Date Administered	Narrative/Summary

II. *List measurable annual goals for Post-Secondary Education and Training*

Measurable Annual Goal	Baseline	Anticipated Date of Achievement	Evaluation Method	Frequency
			1. 2. 3.	1. 2. 3.
			1. 2. 3.	1. 2. 3.
			1. 2. 3.	1. 2. 3.
			1. 2. 3.	1. 2. 3.
			1. 2. 3.	1. 2. 3.

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III. List services and activities to be implemented to meet Post-Secondary Education and Training annual goals

Service/Activity	Setting	Time	Unit	Frequency	Start Date End Date	Responsible Agency

Employment:

I. *List age-appropriate assessments used to determine Employment Goals*

Assessment Type	Date Administered	Narrative/Summary

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

II. *List measurable annual goals for Employment*

Measurable Annual Goal	Baseline	Anticipated Date of Achievement	Evaluation Method	Frequency
			1. 2. 3.	1. 2. 3.
			1. 2. 3.	1. 2. 3.
			1. 2. 3.	1. 2. 3.
			1. 2. 3.	1. 2. 3.
			1. 2. 3.	1. 2. 3.

III. *List services and activities to be implemented to meet Post-Secondary Education and Training annual goals*

Service/Activity	Setting	Time	Unit	Frequency	Start Date End Date	Responsible Agency

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Service/Activity	Setting	Time	Unit	Frequency	Start Date End Date	Responsible Agency

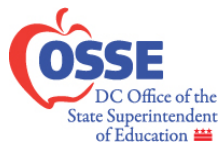
Independent Living:

I. *List age-appropriate assessments used to determine Independent Living Goals*

Assessment Type	Date Administered	Narrative/Summary

II. *List measurable annual goals for Independent Living*

Measurable Annual Goal	Baseline	Anticipated Date of Achievement	Evaluation Method	Frequency
			1. 2. 3.	1. 2. 3.
			1. 2. 3.	1. 2. 3.



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Measurable Annual Goal	Baseline	Anticipated Date of Achievement	Evaluation Method	Frequency
			1. 2. 3.	1. 2. 3.
			1. 2. 3.	1. 2. 3.
			1. 2. 3.	1. 2. 3.

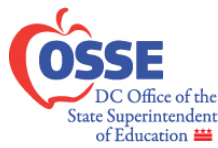
III. List services and activities to be implemented to meet Independent Living annual goals

Service/Activity	Setting	Time	Unit	Frequency	Start Date End Date	Responsible Agency

Graduation/Exit Information:

DC High School Diploma
 High School Certificate at Age 21
 High School Certificate Prior to Age 21

Expected Graduation Date: _____



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

SECTION X: IEP Meeting Participants

STUDENT NAME: _____ IEP Meeting Date: _____ Meeting Type: _____

STUDENT ID: _____ Attending School: _____

Title	Name	Participated in Person	Participated By Phone	Signature
Student		<input type="checkbox"/>	<input type="checkbox"/>	
Special Education Coordinator		<input type="checkbox"/>	<input type="checkbox"/>	
Parent/Guardian		<input type="checkbox"/>	<input type="checkbox"/>	
Parent/Guardian		<input type="checkbox"/>	<input type="checkbox"/>	
Special Education Teacher		<input type="checkbox"/>	<input type="checkbox"/>	
General Education Teacher		<input type="checkbox"/>	<input type="checkbox"/>	
Agency Representative		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

I certify that I am the legal parent(s) / guardian(s) / surrogate(s) of this child.

I have been informed of and understand my rights as a parent, and have received a copy of the DC Procedural Safeguards.

I have been involved in the IEP Team meeting and/or the development of this IEP, and give permission for the proposed program described in this IEP for my child.

My child and I have been informed of his/her right to represent himself/herself upon his/her eighteenth birthday. (Note: This information must be provided beginning at least one year prior to the student's 18th birthday.)

Parent/Guardian(s) Signature: _____

Date: _____