

The Essential Preschool Individualized Education Program: Part 1



Development of the IEP

Initial IEP

IEP Individualized Education Program

CHILD'S NAME:

DOB

ID Number

15 SIGNATURES

INITIAL IEP

- I give consent to initiate special education and related services specified in this IEP.*
- I give consent to initiate special education and related services specified in this IEP except for **

AREA:

- I do not give consent for special education and related services at this time.**

PARENT/GUARDIAN SIGNATURE: Donna P. Horn

DATE: 9/26/2020

IEP is active for NO more than 364 days from the date the IEP was agreed upon and signed by a qualified team.

IEP is a working document.

Cover Page

IEP Individualized Education Program District: _____

THIS IEP WILL BE IMPLEMENTED DURING THE REGULAR SCHOOL TERM UNLESS NOTED IN SECTION 4 EXTENDED SCHOOL YEAR SERVICES

CHILD'S INFORMATION

NAME: _____ ID NUMBER: _____
 STREET: _____ GENDER: _____ GRADE: _____
 CITY: _____ STATE: OH ZIP: _____
 DATE OF BIRTH: _____
 DISTRICT OF RESIDENCE: _____ COUNTY OF RESIDENCE: _____ DISTRICT OF SERVICE: _____

Is the child in Preschool? YES NO
 Will the child be 14 years old before the end of this IEP? YES NO
 Is the child younger than 14 years of age but has transition and postsecondary goal information? YES NO
 Is the child a ward of the state? YES NO
 IEP by 3rd birthday? (If transitioning from Part C services) YES NO

PARENT/ GUARDIAN INFORMATION Add Parent

NAME: _____
 STREET: _____
 CITY: _____ STATE: OH ZIP: _____
 HOME PHONE: _____ WORK PHONE: _____
 CELL PHONE: _____ EMAIL: _____

OTHER INFORMATION: _____

MEETING INFORMATION

MEETING DATE: _____
 MEETING TYPE:
 INITIAL IEP
 ANNUAL REVIEW
 REVIEW OTHER THAN ANNUAL REVIEW
 AMENDMENT
 OTHER _____

IEP TIME LINES

ETR COMPLETION DATE: _____
 NEXT ETR DUE DATE: _____
 IEP EFFECTIVE DATES
 START: _____
 END: _____
 NEXT IEP REVIEW: _____

IEP FORM STATUS
 (Check when complete)

1. FUTURE PLANNING
 2. SPECIAL INSTRUCTIONAL FACTORS
 3. PROFILE
 4. EXTENDED SCHOOL YEAR SERVICES
 5. POSTSECONDARY TRANSITION SERVICES
 6. MEASURABLE ANNUAL GOALS
 7. SPECIALLY DESIGNED SERVICES
 8. TRANSPORTATION AS A RELATED SERVICE
 9. NONACADEMIC AND EXTRA CURRICULAR
 10. GENERAL FACTORS
 11. LEAST RESTRICTIVE ENVIRONMENT
 12. STATEWIDE AND DISTRICT TESTING
 13. EXEMPTIONS
 14. MEETING PARTICIPANTS
 15. SIGNATURES

AMENDMENTS: (Complete only if amending the IEP)

IEP SECTION AMENDED	THE SCHOOL DISTRICT AND PARENTS HAVE AGREED TO MAKE THE FOLLOWING CHANGES TO THE IEP	DATE OF AMENDMENT	PARTICIPANT & ROLE	Initials

- Accurate dates and information
- District of Residence (DOR) is responsible for Free Appropriate Public Education (FAPE)
- Other Information

Cover Page

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MEETING INFORMATION

MEETING DATE: _____
 MEETING TYPE:
 INITIAL IEP
 ANNUAL REVIEW
 REVIEW OTHER THAN ANNUAL REVIEW
 AMENDMENT
 OTHER _____

IEP TIME LINES

ETR COMPLETION DATE: _____
 NEXT ETR DUE DATE: _____
 IEP EFFECTIVE DATES
 START: _____
 END: _____
 NEXT IEP REVIEW: _____

PARENT/ GUARDIAN INFORMATION Add Parent

NAME: _____
 STREET: _____
 CITY: _____ STATE: OH ZIP: _____
 HOME PHONE: _____ WORK PHONE: _____
 CELL PHONE: _____ EMAIL: _____

OTHER INFORMATION:

IEP FORM STATUS
 (Check when complete)

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IEP SECTION AMENDED	THE SCHOOL DISTRICT AND PARENTS HAVE AGREED TO MAKE THE FOLLOWING CHANGES TO THE IEP	DATE OF AMENDMENT	PARTICIPANT & ROLE	Initials

- Date of meeting and meeting type
- IEP Timelines
- Effective Start Date = IEP Implementation
- Amendments

NEW

Future Planning and Special Instructional Factors



IEP Individualized Education Program CHILD'S NAME: _____

1 FUTURE PLANNING

Parents, teachers and other staff provide input

Check when complete

2 SPECIAL INSTRUCTIONAL FACTORS

Items checked "YES" will be addressed in this IEP:

Does the child have behavior which impedes his/her learning or the learning of others? YES NO

Does the child have limited English proficiency? YES NO

Is the child blind or visually impaired? YES NO

Does the child have communication needs (required for deaf or hearing impaired)? YES NO

Does the child need assistive technology devices and/or services? YES NO

Does the child require specially designed physical education? YES NO

Check when complete

3 PROFILE

Child's Profile to include Reading Improvement and Monitoring Plan (if applicable):

Summarize all relevant educational needs and performance of the child.

Check when complete

4 EXTENDED SCHOOL YEAR SERVICES

Has the team determined that ESY services are necessary? Yes No

If yes, what goals determined the need? _____

Will the team need to collect further data and reconvene to make a determination? Yes No

Date to Reconvene _____

Check when complete

Must be addressed in the IEP

The Profile

3 PROFILE

Child's Profile to include Reading Improvement and Monitoring Plan (if applicable):

Check when complete

- Data and background information
- Strengths, areas of concern and instructional strategies
- Relevant academic/behavioral information
- Language understandable to all team members



Extended School Year (ESY)

4 EXTENDED SCHOOL YEAR SERVICES


Has the team determined that ESY services are necessary? Yes No

If yes, what goals determined the need?

Will the team need to collect further data and reconvene to make a determination? Yes No

Date to Reconvene


Check when complete



Team may collect further data and reconvene.

Present Levels of Academic Achievement and Functional Performance

IEP Individualized Education Program		CHILD'S NAME:
6	MEASURABLE ANNUAL GOALS	
NUMBER: 1	AREA: <input type="text"/>	
PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE		
Annual Goal must relate to the Present Levels of Performance		



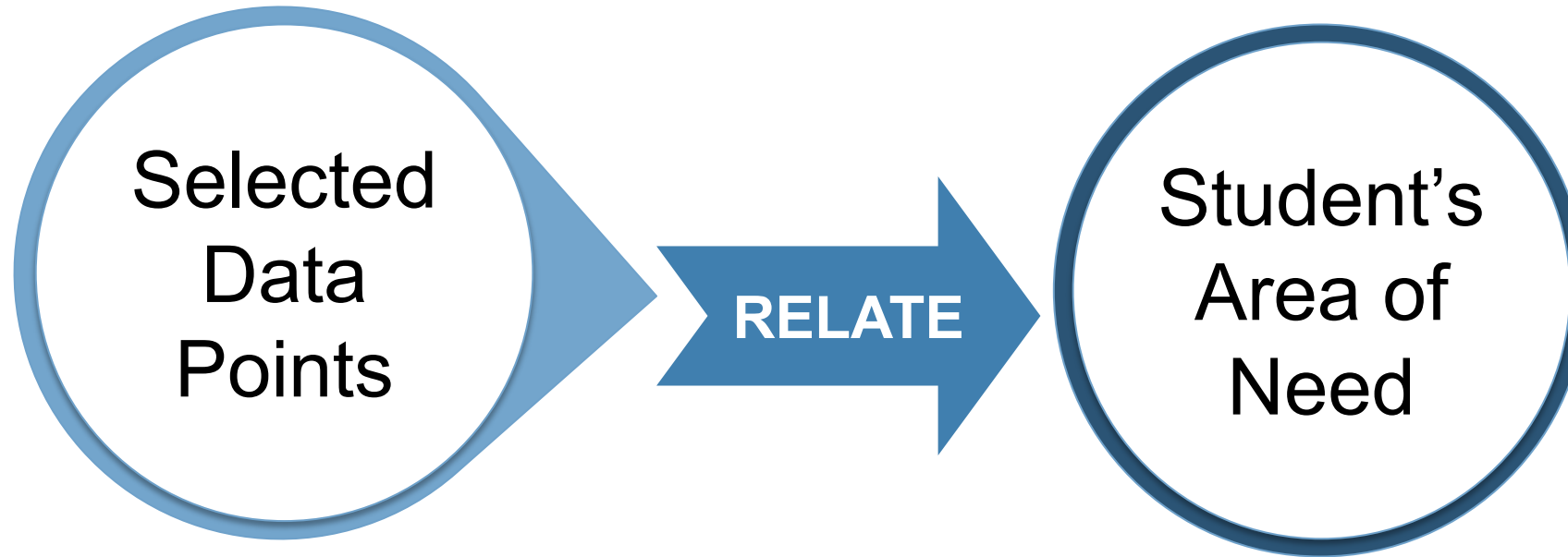
Contain sufficient information to establish a baseline from which each annual goal is developed. It must indicate the child's current academic and functional levels compared to expected delev standards in order to provide a frame of reference.

Present Levels

IEP Individualized Education Program		CHILD'S NAME:
6	MEASURABLE ANNUAL GOALS	
NUMBER: 1	AREA: <input type="text"/>	
PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE		
<input type="text"/>		

- Focus on **CURRENT** and specific academic and behavioral performance
- Described in measurable terms of growth using the same condition, behavior and performance criteria as the goal

Focus on the Essential Need



Additional Resources and Information

education.ohio.gov

Search keywords: *Operating Standards and
Guidance*

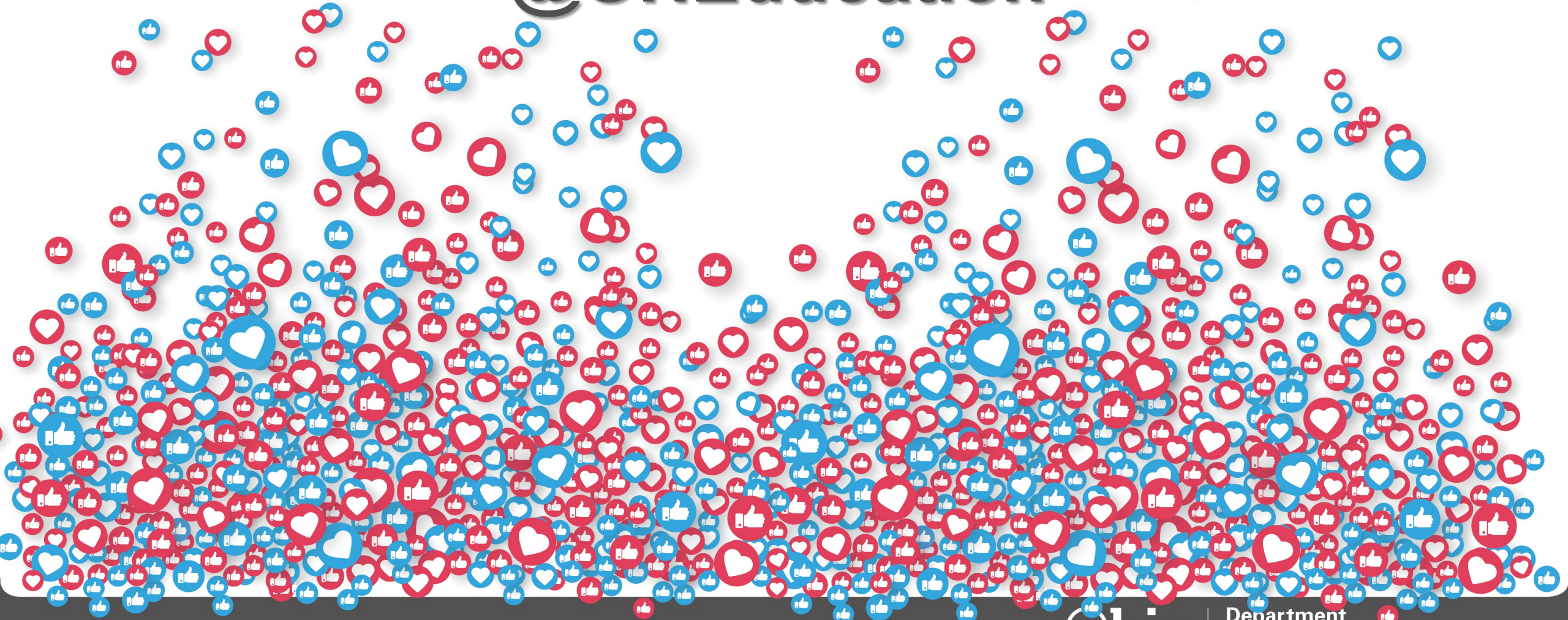
Contact your State Support Team

education.ohio.gov

Search keywords: *State Support Teams*

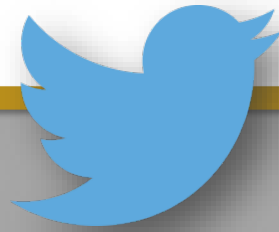


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Celebrate educators!

#OhioLovesTeachers