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 ☐

If yes, provide the name of the surrogate parent: ____________

IEP by third birthday? (If transitioning from Part C services) YES ☐ NO ☐

PARENT/ GUARDIAN INFORMATION

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

FUTURE PLANNING

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 ☐

PROFILE

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

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? ☐ No ☐ Yes

Date to Reconvene

5 POSTSECONDARY TRANSITION

POSTSECONDARY TRAINING AND EDUCATION

MEASURABLE POSTSECONDARY GOAL:					
Age Appropriate Transition Assessment regarding Post Secondary Training and Education (indicating student's needs, strengths, preferences and interests)					
COURSES OF STUDY:			NUMBERS OF ANNUAL GOAL(S) Related to Transition Needs		
TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING DATE	PROJECTED END DATE	FREQUENCY	PERSON/AGENCY RESPONSIBLE	

TYPE OF EVIDENCE INDICATING THE TRANSITION SERVICE HAS BEEN COMPLETED

- ☐ A. Anecdotal Record
- ☐ B. Checklist
- ☐ C. Work Sample
- ☐ D. Rubric
- ☐ E. Other (list)

COMPETITIVE INTEGRATED EMPLOYMENT

MEASURABLE POSTSECONDARY GOAL:
Age Appropriate Transition Assessment regarding Competitive Integrated Employment (indicating student's needs, strengths, preferences and interests)

COURSES OF STUDY:			NUMBERS OF ANNUAL GOAL(S) Related to Transition Needs		
TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING DATE	PROJECTED END DATE	FREQUENCY	PERSON/AGENCY RESPONSIBLE	

TYPE OF EVIDENCE INDICATING THE TRANSITION SERVICE HAS BEEN COMPLETED

- ☐ A. Anecdotal Record
- ☐ B. Checklist
- ☐ C. Work Sample
- ☐ D. Rubric
- ☐ E. Other (list)

INDEPENDENT LIVING (as appropriate)

MEASURABLE POSTSECONDARY GOAL:

Age Appropriate Transition Assessment regarding Independent Living
(indicating student's needs, strengths, preferences and interests)

COURSES OF STUDY:			NUMBERS OF ANNUAL GOAL(S) Related to Transition Needs		
TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING DATE	PROJECTED END DATE	FREQUENCY	PERSON/AGENCY RESPONSIBLE	

TYPE OF EVIDENCE INDICATING THE TRANSITION SERVICE HAS BEEN COMPLETED

- ☐ A. Anecdotal Record
- ☐ B. Checklist
- ☐ C. Work Sample
- ☐ D. Rubric
- ☐ E. Other (list)

FREQUENCY OF WRITTEN PROGRESS REPORTING TOWARD COMPLETION OF TRANSITION SERVICES/ACTIVITIES TO THE CHILD'S PARENTS

Note: Progress Reports must be provided to parents of a child with a disability at least as often as report cards are issued to all children. If the district provides interim reports to all children, progress reports must be provided to all parents of a child with a disability. See OP-6B Transition Progress Report form.

Target Date for Child to Graduate: ☐

MEASURABLE ANNUAL GOALS

NUMBER: 1 AREA: ______________________

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

MEASURABLE ANNUAL GOAL

METHOD(S) FOR MEASURING THE CHILD'S PROGRESS TOWARDS ANNUAL GOAL

- ☐ A. Curriculum-Based Assessment
- ☐ B. Portfolios
- ☐ C. Observation
- ☐ D. Anecdotal Records
- ☐ E. Short-Cycle Assessments
- ☐ F. Performance Assessments
- ☐ G. Checklists
- ☐ H. Running Records
- ☐ I. Work Samples
- ☐ J. Inventories
- ☐ K. Rubrics

MEASURABLE OBJECTIVES

NUM	OBJECTIVE

FREQUENCY OF WRITTEN PROGRESS REPORTING TOWARD GOAL MASTERY TO THE CHILD'S PARENTS

Note: Progress Reports must be provided to parents of a child with a disability at least as often as report cards are issued to all children. If the district provides interim reports to all children, progress reports must be provided to all parents of a child with a disability. See OP-6A Progress Report form.

Reported every ☐ weeks

DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES

TYPE OF SERVICE		GOAL ADDRESSED	PROVIDER TITLE	LOCATION OF SERVICE
SPECIALLY DESIGNED INSTRUCTION:				
BEGIN:	END:	AMOUNT OF TIME:		FREQUENCY:
RELATED SERVICES:				
BEGIN:	END:	AMOUNT OF TIME:		FREQUENCY:
ASSISTIVE TECHNOLOGY:				
BEGIN:	END:	AMOUNT OF TIME:		FREQUENCY:

ACCOMMODATIONS:	
BEGIN:	END:

MODIFICATIONS:	
BEGIN:	END:

SUPPORT FOR SCHOOL PERSONNEL:	
BEGIN:	END:

SERVICE(S) TO SUPPORT MEDICAL NEEDS:	
BEGIN:	END:

TRANSPORTATION AS A RELATED SERVICE

Does the child require special transportation? YES ☐ NO ☐

Does the child need transportation to and from services? YES ☐ NO ☐

Does the child need accommodations or modifications for transportation? YES ☐ NO ☐

If yes, check any transportation accommodations/modifications below that the child needs:

☐ The bus driver will be notified of the child's behavioral and/or medical concerns ☐ Aide (for transportation only)

☐ Specially Adapted Vehicle ☐ Wheelchair lift ☐ Safety Vest ☐ Car Seat ☐ Securement Systems

☐ Other Specify: ______________________________

NONACADEMIC AND EXTRACURRICULAR ACTIVITIES

In what ways will the child have the opportunity to participate in nonacademic/extracurricular activities with their nondisabled peers?

Describe

If the child will not participate in non-academic/extracurricular activities, explain.

GENERAL FACTORS

HAS THE IEP TEAM CONSIDERED:

The strengths of the child? YES ☐ NO ☐

The concerns of the parents for the education of the child? YES ☐ NO ☐

The results of the initial or most recent evaluations of the child? YES ☐ NO ☐

As appropriate, the results of performance on any state or district-wide assessments? YES ☐ NO ☐

The academic, developmental and functional needs of the child? YES ☐ NO ☐

Regarding the Third Grade Reading Guarantee, is the child on-track for reading? YES ☐ NO ☐ NA ☐

LEAST RESTRICTIVE ENVIRONMENT

For School Age:

Does the child attend the school they would attend if not disabled? YES ☐ NO ☐

If no, justify:

Does this child receive all special education services with nondisabled peers? YES ☐ NO ☐

For Preschool:

Does the child attend a general education setting? YES ☐ NO ☐

Does the child receive all of his/her special education and related services embedded within regular classroom routines and activities? YES ☐ NO ☐

What prevents the child from receiving special education and/or related services embedded with the regular classroom routines and activities?

What prevents the child from being able to attend a general education setting?

Who provides the child with instruction in the general education curriculum?

STATEWIDE AND DISTRICT WIDE TESTING

Is the child participating in the Alternate Assessment for Students with Significant Cognitive Disabilities (AASCD)? YES ☐ NO ☐

Click below for guidance in considering AASCD:
Ohio AASCD Participation Criteria

Accessibility on district and statewide tests

Will the child participate in district wide and state wide assessments with accommodations? YES ☐ NO ☐

For each subject tested in the child's grade, choose the method of assessment below.
If "With Accommodations" is chosen for any subject, provide a description of the Accommodations for each subject in the right column.
Alternate Assessment, if chosen, must apply to all tests taken.

1. DISTRICT TESTING
   (Note specific test or tests that student will be taking and any differences in allowable accommodations that may be test specific within the classroom across the district)

AREA	ASSESSMENT TITLE	DETAIL OF ACCOMMODATIONS
◯ ELA		
◯ Mathematics		

◯ Science		
◯ Social Studies		
◯ Other		

2. STATEWIDE TESTING
(Note specific test or tests that student will be taking and any differences in allowable accommodations that may be test specific)

AREA	ASSESSMENT TITLE	DETAIL OF ACCOMMODATIONS
◯ ELA		
◯ Mathematics		
◯ Science		
◯ Social Studies		
◯ Other		

☐ Check when complete

EXEMPTIONS

Third Grade Reading Guarantee (See **The Ohio Third Grade Reading Guarantee Guidance Manual** for details)

Applicable ☐ NA ☐

Does the child have a significant cognitive disability? YES ☐ NO ☐

If yes, the child is not required to take the reading diagnostic assessment and is, therefore, removed from all the provisions of the Third Grade Reading Guarantee (including retention).

If no, the team considered all data and made the following decision (check one):

Not to exempt the child from the retention provision of the Third Grade Reading Guarantee ☐

To exempt the child from the retention provision of the Third Grade Reading Guarantee ☐

Graduation Tests

Applicable ☐ NA ☐

Is the child excused from the consequences of not passing required graduation tests? YES ☐ NO ☐

The child is excused from the consequences of not passing the required graduation tests in the following subjects:

Category	Course Title	Justification	

Other Assessments

Applicable ☐ NA ☐

Assessment	Justification	

☐ Check when complete

MEETING PARTICIPANTS

THIS IEP MEETING WAS:

- ☐ Face-to-Face Meeting
- ☐ Video Conference
- ☐ Telephone Conference/Conference Call
- ☐ Other

IEP EFFECTIVE DATES

START: ______________________

END: ______________________

DATE OF NEXT IEP REVIEW: ______________________

IEP MEETING PARTICIPANTS

THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP

NAME (Print)	POSITION	SIGNATURE	DATE

PEOPLE NOT IN ATTENDANCE WHO PROVIDED INFORMATION AND RECOMMENDATIONS

NAME (Print)	POSITION	SIGNATURE	DATE

*IF THE GENERAL EDUCATION TEACHER, INTERVENTION SPECIALIST, DISTRICT REPRESENTATIVE OR PERSON KNOWLEDGABLE ABOUT THE INSTRUCTIONAL IMPLICATIONS OF THE EVALUATION DATA HAVE SIGNED AS NOT IN ATTENDANCE AT THE IEP MEETING, THERE MUST BE A WRITTEN EXCUSE ON FILE.

** THE STUDENT IS A PREFERRED MEMBER UP TO AGE 18 WHEN THEY BECOME A REQUIRED MEMBER UNLESS THERE IS NO TRANSFER OF GUARDIANSHIP.

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: ______________________________ DATE: ______________

IEP ANNUAL REVIEW (Not a Change of Placement)

☐ I agree with the implementation of this IEP.*

☐ I am signing to show my attendance/participation at the IEP team meeting, but I do not agree with the following special education and related services specified in this IEP.**

AREA: ______________________________

Note: Not a Change of Placement does NOT require a parents' signature to implement the IEP.

PARENT/GUARDIAN SIGNATURE: ______________________________ DATE: ______________

IEP REVIEW (Change of Placement)

☐ I give consent for the Change of Placement as identified in this IEP.*

☐ I do not give consent for the Change of Placement as identified in this IEP.**

☐ I revoke consent for all special education and related services.**

PARENT/GUARDIAN SIGNATURE: ______________________________ DATE: ______________

PROCEDURAL SAFEGUARDS NOTICE

The parent received a copy of the Procedural Safeguards Notice at the IEP Meeting in the following form:

[ ] YES ☐ NO ☐ IF NO, DATE SENT TO PARENTS: ______________

Transfer of Rights at Age of Majority

By the child's 17th birthday, the child and the child's parents or surrogate parent received a copy of their procedural safeguards notice informing them that the transfer of procedural safeguard rights under IDEA will take place on the child's 18th birthday. YES ☐ NO ☐

CHILD'S SIGNATURE: ______________________________ DATE: ______________

PARENT/GUARDIAN SIGNATURE: ______________________________ DATE: ______________

COPY OF THE IEP

The parents received a copy of the IEP at the IEP meeting. YES ☐ NO ☐ IF NO, DATE SENT TO PARENTS: ______________

* The district must provide prior written notice to the parents summarizing the outcome of the IEP meeting before implementing the IEP.
** If there is not agreement or consent is revoked, the district must provide prior written notice to the parents.

CHILDREN WITH VISUAL IMPAIRMENTS

This form shall be completed during the IEP meeting for each child who has a visual impairment, as defined by Ohio's Amended Substitute House Bill Number 164, which requires a statement specifying one or more reading and writing media in which instruction is appropriate to meet the child's educational needs**. A copy of this completed form is part of, and must be attached to, the child's IEP form.**

1. Annual assessment of reading and writing skills was conducted with each child in all media considered appropriate. The results of these assessments are included in "Present Levels of Academic Achievement and Functional Performance" on the IEP and indicate both strengths and weaknesses. YES ☐ NO ☐
2. The IEP contains a requirement for instruction in Braille reading and writing when that medium is appropriate and is indicated by adding "Unified English Braille" as a special service in Section 7. YES ☐ NO ☐
3. Instruction in Braille reading and writing was carefully considered for this child and pertinent literature describing the educational benefits of instruction in Braille reading and writing was reviewed by the persons developing this child's IEP. YES ☐ NO ☐
4. The following visual condition(s) was taken into account and discussed in making the above decision: YES ☐ NO ☐

Condition is degenerative and progressive loss is expected.	YES ☐	NO ☐
Condition is currently unpredictable in nature and will be reviewed if change in visual condition is noted.	YES ☐	NO ☐
Condition is temporary and expected to improve.	YES ☐	NO ☐
Condition is stable and will be monitored.	YES ☐	NO ☐

5. Indicate the appropriate instructional media

Unified English Braille	YES ☐	NO ☐
Large Print	YES ☐	NO ☐
Regular Print	YES ☐	NO ☐
Tape/auditory	YES ☐	NO ☐
Pre-reader	YES ☐	NO ☐

6. Complete if Braille reading and writing **ARE** appropriate at this time

Annual goals provided	YES ☐	NO ☐
Short-term objectives provided	YES ☐	NO ☐
Date of initiation indicated	YES ☐	NO ☐
Frequency and duration of instructional sessions indicated	YES ☐	NO ☐
Level of competency to be achieved annually indicated	YES ☐	NO ☐
Objective determinants used to measure achievement provided	YES ☐	NO ☐

7. Reasons Braille reading and writing **ARE NOT** appropriate this time

Documented visual acuity allowing the choice of larger type/regular type	YES ☐	NO ☐
Child is considered a pre-reader	YES ☐	NO ☐
Other	YES ☐	NO ☐