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| **STUDENT NAME:** | | | **SIMS:** |
| **PARENT/GUARDIAN NAME:** | | | **PHONE:** |
| **ADDRESS:** | | | **WK PHONE:** |
| **SCHOOL DISTRICT:** | | **SCHOOL:** | |
| **DOB:** | **AGE:** | | **GRADE:** |
| **GENDER:** \_\_\_\_\_\_\_\_\_\_\_ | **RACE:** \_\_\_\_\_\_\_\_\_\_\_ | | |
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| Meeting Date: | **Purpose of Meeting**  Initial Eligibility, IEP, Placement  Annual Review of IEP  Three Year Reevaluation  Dismissal from Services - Date Effective:  Parent Request  Other: |
| Date Services Begin: |
| Annual Review Date: |
| Date of Eligibility Determination: |
| Three Year Reevaluation Due By: |

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| Discussed evaluation results/progress/assessment method  Yes      (Parent/Guardian initial) | Student is eligible for special education or special education and related services as determined by the IEP team  Yes  No |
| Copy of evaluation results received  Yes      (Parent/Guardian initial) | An annual copy of Parent/Guardian Rights was received and reviewed  (Date)     (Parent/Guardian Initial) |
| Transition Planning Needed  No  Yes  (\*If yes, attach applicable transition pages.) | A copy of the IEP was provided to parent/guardian  Yes     (Parent/Guardian Initial) |

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| **Primary Disability:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| IEP Team Membership | **Signature** | **Date** |
| Parent/Guardian |  |  |
| Parent/Guardian |  |  |
| Student |  |  |
| School Representative |  |  |
| General Education Teacher |  |  |
| Special Education Teacher or Provider |  |  |
| Speech/Language Pathologist |  |  |
| Individual who can interpret evaluation results |  |  |
| Other: |  |  |
| Other: |  |  |
| Other: |  |  |

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| |  | | --- | | **Present Levels of Academic Achievement and Functional Performance** |  |  | | --- | | In developing each student’s IEP, the IEP Team must consider 1) the strengths of the student; 2) the concerns of the parents for enhancing the education of their student; 3) the results of the initial or most recent evaluation of the student; and 4) the academic, developmental, and functional needs of the student.  Provide a statement of the student’s present levels of academic achievement and functional performance, including 1) how the student’s disability affects the student’s involvement and progress in the general education curriculum (i.e., the same curriculum as for nondisabled students); or 2) for preschool students, as appropriate, how the disability affects the student’s participation in appropriate activities. | |  | |
| \* Remember to address:   * Strengths & needs using academic achievement (skill-based assessment) AND functional performance * Parent input * Transition strengths and needs including the student’s preferences and interests (must be in the student’s IEP by age 16) |

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| **Consideration of Special Factors** |

**Is the student limited English proficient?**  Yes  No

If the answer to this question is “yes”, please explain the language needs of the student as these needs relate to the student’s IEP.

**Are there any special communication needs?**  Yes  No

If the answer to this question is “yes”, please explain the communication needs of the student, and in the case of a student who is deaf or hard of hearing, consider the student’s language and communication needs, opportunities for direct communications with peers and professional personnel in the student’s language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student’s language and communication mode.

**Does the student require Braille?**  Yes  No

If the answer to this question is “yes”, what instruction in Braille and use of Braille will be provided?

**Does the student’s behavior impede his or her learning or that of others?**  Yes  No

If yes, what strategies are required to appropriately address this behavior, including positive behavioral interventions and supports?

**Does the student require Assistive Technology Devices and Services?**  Yes  No

If yes, what device or service will be provided?

**Physical Education:**  Regular  Not Required  Adaptive:

Refer to Goals/Goals & Objectives

**Hearing Aid Maintenance**:  Not Applicable  Yes: Personnel Responsible for Monitoring:

Describe the monitoring process/frequency necessary for maintenance:

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| **Measureable Postsecondary Goals (MPSG) Based on Age-Appropriate Assessment** |

###### **(Required on or before the student’s 16th birthday)** OSEP guidance requires at least one linked annual goal AND at least one service/activity for each MPSG identified. Assessment results should determine which MPSGs are addressed.

Employment:         (see linked annual goal(s) #       )

Education/Training:         (see linked annual goal(s) #     )

Independent Living (where appropriate):         (see linked annual goal(s) #       )

# Transition Course of Study

# (Required on or before the student’s 16th birthday) (Complete for current school year through the planned exit year)

# (Should relate to and help the student to progress towards achievement of the Measurable Postsecondary Goals above)

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Comments:

**Transfer of Parent/Guardian Rights** (Must be addressed on or before the 17th birthday).

Student will turn 17 on       . Student was informed of this transfer of rights on        (Date).

**Graduation or Completion of an Approved Program** (Must be addressed at least one year prior to graduation date.)

Student is to graduate/complete program:        (Date)

**Individualized district specific requirements and remaining courses needed to complete an approved secondary education program:**

**Summary of Performance** –(For students who are graduating with a regular diploma or aging out of special education)

A summary of the student’s academic achievement and functional performance, which shall include recommendations on how to assist the student in meeting the student’s postsecondary goals, is required. A suggested form and instructions are available on the Special Education Programs website.

**One Year Follow-Up** – (For students who are graduating, aging out, or have dropped out)

Students will be contacted by a contracted agency one year after exiting to determine their status in regards to employment, postsecondary school, and other outcomes.

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| **Transition Services / Coordinated Set of Activities** |

Transition Services must be a coordinated set of activities/strategies designed within a results oriented process. This means that the activities are those steps or things that need to happen that will lead to post-school results and help the student achieve his/her desired post-secondary goals. All of the activities that will need to happen to help students achieve their post-secondary goals cannot be done by the school alone. Thus, the activities should include those things that others (student, families, and appropriate adult services, agencies or programs) will need to do. When viewed as a whole, the activities should demonstrate involvement and coordination between the student, families, and school as well as the appropriate adult services, agencies or programs.

**Instruction:**

Activity Recommendations Personnel/Agency/Person Responsible Date Initiated Date Completed

**Employment:**

Activity Recommendations Personnel/Agency/Person Responsible Date Initiated Date Completed

**Community Experiences:**

Activity Recommendations Personnel/Agency/Person Responsible Date Initiated Date Completed

**Related Services:**

Activity Recommendations Personnel/Agency/Person Responsible Date Initiated Date Completed

**Other Post-School Adult Living Objectives**

Activity Recommendations Personnel/Agency/Person Responsible Date Initiated Date Completed

**Acquisition of Daily Living Skills (when appropriate)**

Activity Recommendations Personnel/Agency/Person Responsible Date Initiated Date Completed

**Functional Vocational Evaluation (when appropriate)**

Activity Recommendations Personnel/Agency/Person Responsible Date Initiated Date Completed

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| **Educational Goals and Objectives/Benchmarks** |

Provide a statement of measurable annual goals, including academic and functional goals designed to 1) meet the student’s needs that result from the disability, 2) enable the student to be involved in and make progress in the general education curriculum, and 3) meet each of the student’s other educational needs that result from the disability.

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| Measurable Annual Goal # | | | | | |
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| Measurable Annual Goal # | | | | | |
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| Measurable Annual Goal # | | | | | |
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| Procedure Codes (Complete at IEP meeting)  1. Teacher-made tests 6. Work Samples  2. Observations 7. Portfolios  3. Weekly tests 8. Oral Tests  4. Unit tests 9. Data Response  5. Student Conferences 10. Other: | Progress Codes  P= Progress being made  I= Insufficient Progress to meet goal  X= Not addressed this Reporting Period  M=Met goal | | | | Reporting Frequency to Parents  Quarterly Reports  Trimester Reports  Other:  Reporting Method to Parents  Conferences  Report Card  Goal Page Copy  Other: |

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| **Educational Goals and Objectives/Benchmarks** |

Provide a statement of measurable annual goals, including academic and functional goals designed to 1) meet the student’s needs that result from the disability, 2) enable the student to be involved in and make progress in the general education curriculum, and 3) meet each of the student’s other educational needs that result from the disability.

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| Measurable Annual Goal # | | | | | |
|  | | Proc. Code/s | Date | Prog. Code | Comments: |
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| Procedure Codes (Complete at IEP meeting)  1. Teacher-made tests 6. Work Samples  2. Observations 7. Portfolios  3. Weekly tests 8. Oral Tests  4. Unit tests 9. Data Response  5. Student Conferences 10. Other: | Progress Codes  P= Progress being made  I= Insufficient Progress to meet goal  X= Not addressed this Reporting Period  M=Met goal | | | | Reporting Frequency to Parents  Quarterly Reports  Trimester Reports  Other:  Reporting Method to Parents  Conferences  Report Card  Goal Page Copy  Other: |

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| **Accommodations and Modifications** |

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| Accommodations/Modifications/Supplementary Aides and Services | Frequency | Location | Duration |

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| Statement of the program modifications or supports for school personnel (as appropriate): | Frequency | Location | Duration |

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| **State/District-wide Assessment Accommodations** |

**Assessment**

Student will be taking state and district-wide assessments with or without accommodations.

Student will be taking state and district-wide alternate assessments (The alternate assessment is for students working in the alternate achievement standards) (Annual goal and short-term objectives required)

1. Does the student meet the significant cognitive disability criteria? (If no, student is not eligible to take the alternate assessment)  Yes  No
2. Explain the reason why the student cannot participate in the regular assessment.

1. Explain the reason why the alternate assessment selected is appropriate for this student.

No state and/or district-wide assessments are required at this student’s grade level during the course of this annual IEP.

**\*Teams must consider if the accommodations are approved for the applicable test administration.**

**\*List the accommodations the student will be taking for each test/test area.**

(Only those accommodations identified for instruction on the goal pages can be considered for state and district-wide testing. The accommodations selected for use must relate to the student’s disability.)

**State Assessment Accommodations**

**South Dakota ELA South Dakota Math South Dakota Science**

Assessment (Gr 3-8 & 11): Assessment (Gr 3-8 & 11): Assessment (Gr 5, 8 & 11):

**\* South Dakota Alt Assessments for ELA, Math, & Science**

Accommodations for both instruction and assessment must be documented.

South Dakota ELA-Alt South Dakota Math-Alt South Dakota Science-Alt

Assessment (Gr 3-8 & 11) Assessment (Gr 3-8 & 11) Assessment (Gr 5, 8 & 11)

**District-wide Assessment Accommodations**

Test:       Test:       Test:

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| **Special Education Services** |

Description of services Frequency Location Duration

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| Related Service to be Provided | Frequency | Location | Duration |
| Speech/Language Therapy |  |  |  |
| Occupational Therapy |  |  |  |
| Physical Therapy |  |  |  |
| Transportation (Specify when, how  often, where, distance, costs, etc.) |  |  |  |
| Counseling Services  (Including rehabilitation counseling) |  |  |  |
| Audiological Services |  |  |  |
| Interpreting Services |  |  |  |
| Medical Services  (Diagnostic Services only) |  |  |  |
| Orientation and Mobility |  |  |  |
| Parent Counseling/Training |  |  |  |
| Psychological Services |  |  |  |
| Recreation Therapy |  |  |  |
| School Nurse/Health Services |  |  |  |
| Social Work Services (in schools) |  |  |  |
| Other |  |  |  |

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| **Least Restrictive Environment** |

The IEP Team must ensure that, to the maximum extent appropriate, students with disabilities are educated with nondisabled peers, including extracurricular services and activities.

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| **Continuum of Alternative Placements (Ages 5-21)**  0100 General Classroom with Modifications 80-100%  0110 Resource Room 40-79%  0120 Self-Contained Classroom 0-39%  0130 Separate Day School  0140 Residential Facility  0150 Home/Hospital | **Continuum of Alternative Placements (Preschool Ages 3-5)**  0310 Early Childhood Setting-10 hrs.+/week  services in Reg EC program  0315 Early Childhood Setting-10 hrs.+/week  services in other location  0325 Early Childhood Setting-Less than 10hrs/wk.  services in Reg EC program  0330 Early Childhood Setting-Less than 10hrs/wk.  services in other location  0335 Special Education Class  0345 Separate School  0355 Residential Facility  0365 Home  0375 Service Provider Location |

**Participation with Non-Disabled Peers**

#### Program Options Non-Academic Extracurricular

Art  Counseling  Athletics

Career and Technical Ed  Meals  Clubs

Music  Employment Referrals  Groups

Early Childhood Program  Recess  Recreation

Physical Education (PE)  Health Services  Other

Other         Other

Comments:

**Justification for Placement--An explanation of the extent, if any, to which the student will not participate with non-disabled students in regular classes and non-academic activities.**

(Please use accept/reject format for each alternative placement considered.)

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*The team addressed the potential harmful effects of the special education placement.*

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| **Extended School Year** |

**Extended School Year Services:**   needed  not needed  to be determined by (Date)

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| **Goal(s) #** | **\*Type of Service** | **Beginning Date**  **mm/dd/yy** | **Ending Date**  **mm/dd/yy** | **Minutes**  **Per Week** | **\*\*Based on** |
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