

INDIVIDUAL EDUCATION PROGRAM
ARSD 24:05:27

STUDENT NAME:		SIMS:
PARENT/GUARDIAN NAME:		PHONE:
ADDRESS:		WK PHONE:
SCHOOL DISTRICT:	SCHOOL:	
DOB:	AGE:	GRADE:
GENDER: _____	RACE: _____	

Meeting Date:	Purpose of Meeting <input type="checkbox"/> Initial Eligibility, IEP, Placement <input type="checkbox"/> Annual Review of IEP <input type="checkbox"/> Three Year Reevaluation <input type="checkbox"/> Dismissal from Services - Date Effective: <input type="checkbox"/> Parent Request <input type="checkbox"/> Other:
Date Services Begin:	
Annual Review Date:	
Date of Eligibility Determination:	
Three Year Reevaluation Due By:	

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

Primary Disability _____ :

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:		

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.

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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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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.

Measurable Annual Goal # _____				
	Proc. Code/s	Date	Prog. Code	Comments:
Measurable Annual Goal # _____				
Measurable Annual Goal # _____				
Measurable Annual Goal # _____				
<u>Procedure Codes (Complete at IEP meeting)</u> 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:	<u>Progress Codes</u> P= Progress being made I= Insufficient Progress to meet goal X= Not addressed this Reporting Period M=Met goal	<u>Reporting Frequency to Parents</u> <input type="checkbox"/> Quarterly Reports <input type="checkbox"/> Trimester Reports <input type="checkbox"/> Other: _____ <u>Reporting Method to Parents</u> <input type="checkbox"/> Conferences <input type="checkbox"/> Report Card <input type="checkbox"/> Goal Page Copy <input type="checkbox"/> Other: _____		

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Accommodations and Modifications

Accommodations/Modifications/Supplementary Aides and Services	Frequency	Location	Duration
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

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

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

 - c. 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
Assessment (Gr 3-8 & 11):**

**South Dakota Math
Assessment (Gr 3-8 & 11):**

**South Dakota Science
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
Assessment (Gr 3-8 & 11)**

**South Dakota Math-Alt
Assessment (Gr 3-8 & 11)**

**South Dakota Science-Alt
Assessment (Gr 5, 8 & 11)**

District-wide Assessment Accommodations

Test: _____

Test: _____

Test: _____

Special Education Services

<u>Description of services</u>	<u>Frequency</u>	<u>Location</u>	<u>Duration</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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.

<p>Continuum of Alternative Placements (Ages 5-21)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0100 General Classroom with Modifications 80-100% <input type="checkbox"/> 0110 Resource Room 40-79% <input type="checkbox"/> 0120 Self-Contained Classroom 0-39% <input type="checkbox"/> 0130 Separate Day School <input type="checkbox"/> 0140 Residential Facility <input type="checkbox"/> 0150 Home/Hospital 	<p>Continuum of Alternative Placements (Preschool Ages 3-5)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0310 Early Childhood Setting-10 hrs./week services in Reg EC program <input type="checkbox"/> 0315 Early Childhood Setting-10 hrs./week services in other location <input type="checkbox"/> 0325 Early Childhood Setting-Less than 10hrs/wk. services in Reg EC program <input type="checkbox"/> 0330 Early Childhood Setting-Less than 10hrs/wk. services in other location <input type="checkbox"/> 0335 Special Education Class <input type="checkbox"/> 0345 Separate School <input type="checkbox"/> 0355 Residential Facility <input type="checkbox"/> 0365 Home <input type="checkbox"/> 0375 Service Provider Location
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Participation with Non-Disabled Peers

Program Options

- Art
- Career and Technical Ed
- Music
- Early Childhood Program
- Physical Education (PE)
- Other _____

Non-Academic

- Counseling
- Meals
- Employment Referrals
- Recess
- Health Services
- Other _____

Extracurricular

- Athletics
- Clubs
- Groups
- Recreation
- 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.)

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) _____

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

* Instruction, related services (specify), other (list)
 ** Regression/Recoupment, Emerging Skills, or Maintenance of Critical Life Skills