

## Individualized Education Program (IEP)

Name:  ID#:  Date of Birth:

Age:  Grade:  School/Site:

Duration of Services: From:  To:

(Excluding summer months and school holidays unless otherwise indicated)

**IEP Type: EARLY CHILDHOOD**

**Purpose of IEP:**

<input type="checkbox"/> Annual	<input type="checkbox"/> Temporary	<input type="checkbox"/> Initial	<input type="checkbox"/> Amended
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>

Most Recent Evaluation Date (Date of most recent EPC or EDR with no testing):

<p><b>Parent Rights Under IDEA:</b></p> <p><a href="https://arksped.ade.arkansas.gov/rules_regs_08/RevisionstoRulesandRegulationJuly2010/YOUR%20RIGHTS%20UNDER%20THE%20IDEA.pdf">https://arksped.ade.arkansas.gov/rules_regs_08/RevisionstoRulesandRegulationJuly2010/YOUR%20RIGHTS%20UNDER%20THE%20IDEA.pdf</a></p> <p><a href="https://arksped.ade.arkansas.gov/rules_regs_08/RevisionstoRulesandRegulationJuly2010/Spanish/Your%20Rights%20Under%20the%20IDEA%20-%20Spanish.pdf">https://arksped.ade.arkansas.gov/rules_regs_08/RevisionstoRulesandRegulationJuly2010/Spanish/Your%20Rights%20Under%20the%20IDEA%20-%20Spanish.pdf</a> (Spanish version)</p>	<p><b>Parent Rights Provided:</b></p> <p><input type="checkbox"/> Personally Presented</p> <p><input type="checkbox"/> Mail</p> <p><input type="checkbox"/> E-Mail</p>	<p><b>Parent Method of Participation:</b></p> <p><input type="checkbox"/> In Person</p> <p><input type="checkbox"/> Through alternate means</p> <p><input type="checkbox"/> Parent did not participate</p>
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<p><b>Excusal(s):</b> <input type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, Name(s) of Team Member(s) Excused:</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Parent Agreement to Excusal:</p> <p><input type="radio"/> Yes <input type="radio"/> No Parent Initials: _____</p> <p>Is excused member's area of curriculum being discussed?</p> <p><input type="radio"/> Yes, written input was provided. <input type="radio"/> No</p>	<p><b>Translation/Interpretation Needed:</b></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>If yes, specify:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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Parent/guardian input regarding enhancing the education of the child was considered.

Parent/guardian input:

Name:

**Present Level of Academic Achievement and Functional Performance**

A statement of the child's present levels of academic achievement and functional performance including:

- Child's strengths and needs (include data used to determine strengths and needs and most recent IFSP, if appropriate)
- How the disability affects the child's participation in age-appropriate activities
  - Consider and describe supports the child needs to access and participate in age-appropriate activities within a regular early childhood setting with his or her same age peers and/or within the home environment, across the three early childhood outcome (ECO) areas
- Achievement of annual goals and objectives in all areas (including Related Services), to include a description of any lack of expected progress toward the annual goals

Name:

### Early Childhood Outcomes Entry, Exit, and Progress Ratings

Consider the following items for each Outcome Area for rating determination:

- To what extent does this child demonstrate age-appropriate functioning, across a variety of settings and situations, on this outcome?
- Has the child demonstrated *any* new skills or behaviors related to taking appropriate action to meet needs since the last outcomes summary?

	Outcome Area	Entry Rating (required)	Annual Review (optional)	Annual Review (optional)	Exit Rating (required)	Progress at Exit? (required)
Entry Date: <input type="text"/>	A. Positive social emotional skills	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="radio"/> Yes <input type="radio"/> No
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	
		<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	
		<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	
		<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	
		<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	
		<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	
Exit Date: <input type="text"/>	B. Acquisition and use of new knowledge/skills	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="radio"/> Yes <input type="radio"/> No
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	
		<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	
		<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	
		<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	
		<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	
		<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	
	C. Taking action to meet needs	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="radio"/> Yes <input type="radio"/> No
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	
		<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	
		<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	
		<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	
		<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	
		<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	

Name:

**Consideration of Special Factors**

Check yes or no whether the IEP team considers each special factor to be relevant to this child.

For factors checked yes, explain any services and supports that are needed in the IEP.

Language needs as related to the IEP for a child who is an English Learner	<input type="radio"/> Yes <input type="radio"/> No	If yes, explain <input type="text"/>
Instruction in Braille if the child is blind or visually impaired, unless determined inappropriate based on evaluation	<input type="radio"/> Yes <input type="radio"/> No	If yes, explain <input type="text"/>
Communication needs, and for the child who is deaf or hard of hearing, the language and communication needs and opportunities for communication and instruction in the child's native language and communication mode	<input type="radio"/> Yes <input type="radio"/> No	If yes, explain <input type="text"/>
Assistive technology devices and services	<input type="radio"/> Yes <input type="radio"/> No	If yes, explain <input type="text"/>
Positive behavioral interventions and supports and other strategies to address behavior	<input type="radio"/> Yes <input type="radio"/> No	If yes, explain <input type="text"/>
Supplementary aids and services, program modifications and accommodations, and/or supports for personnel in general education or other education-related settings	<input type="radio"/> Yes <input type="radio"/> No	If yes, explain <input type="text"/>
Are there other factors that need consideration?	<input type="radio"/> Yes <input type="radio"/> No	If yes, explain <input type="text"/>

Name:

**Extended School Year (ESY):**

- ESY will be considered at a later date
- ESY is not necessary
- ESY is necessary (Document services below)

Goal	Description of Services	Time/Amount	Frequency	Location	Begin Date	End Date

**Participation in Program Options, Nonacademic, and Extracurricular Activities**

The district assures that this child will have an equal opportunity to participate in program options, nonacademic and/or extracurricular activities and services offered by the district.

Name:

### IEP Goals

- IEP Goals without Objectives
- IEP Goals with Objectives

**Annual Goals:** provide measurable annual goals, including academic and functional goals to enable the child to be involved in and make progress in the general education curriculum and to meet other educational needs that result from the disability.

Goal #:  Goal Area:

Progress towards the Goal will be measured by :  Curriculum-Based Assessment  Teacher/Text Test

Student Conferences  Portfolios  Scoring Rubrics  Observation Charts  Work Samples

Grades  Checklists  Other (specify):

Progress Reports Completed Each Grading/Progress Period, as Scheduled by the District

| Date                 | Progress             | St.                  |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |

Key for Status of Goals C = Continued D = Discontinued M = Mastered N = Not Initiated

**Annual Goals:** provide measurable annual goals, including academic and functional goals to enable the child to be involved in and make progress in the general education curriculum and to meet other educational needs that result from the disability.

Goal #:  Goal Area:

Progress towards the Goal will be measured by :  Curriculum-Based Assessment  Teacher/Text Test

Student Conferences  Portfolios  Scoring Rubrics  Observation Charts  Work Samples

Grades  Checklists  Other (specify):

Progress Reports Completed Each Grading/Progress Period, as Scheduled by the District

| Date                 | Progress             | St.                  |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |

Name:

### IEP Goals with Objectives

**Annual Goals:** provide measurable annual goals, including academic and functional goals to enable the child to be involved in and make progress in the general education curriculum and to meet other educational needs that result from the disability.

Goal #:  Goal Area:

Date Annual Goal Mastered:

Objectives: Required for students who take alternate assessments; optional for all other students

1.	<input style="width: 95%;" type="text"/>
2.	<input style="width: 95%;" type="text"/>
3.	<input style="width: 95%;" type="text"/>
4.	<input style="width: 95%;" type="text"/>
5.	<input style="width: 95%;" type="text"/>

Progress towards the Goal will be measured by :  Curriculum-Based Assessment  Teacher/Text Test  
 Student Conferences  Portfolios  Scoring Rubrics  Observation Charts  Work Samples  
 Grades  Checklists  Other (specify):

#### Goal Progress

| Date                 | Progress             | St.                  |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |

#### Objective Progress (optional)

| Number               | Date                 | Progress             | St.                  |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
|                      | <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

Key for Status of Goals C = Continued D = Discontinued M = Mastered N = Not Initiated

Form: IEP Type - Early Childhood

Name:

Services (Schedule of Services)			
Special Education Services	Time/Amount	Frequency	Setting
<input type="checkbox"/> Co-taught services in <input type="text"/> <input type="checkbox"/> Indirect Services in <input type="text"/> <input type="checkbox"/> Direct instruction in <input type="text"/> <input type="checkbox"/> Speech/Language services in <input type="text"/> <input type="checkbox"/> Other: <input type="text"/>	Number of Minutes: <input type="text"/> Hours: <input type="text"/> Periods: <input type="text"/> Sessions: <input type="text"/>	<input type="checkbox"/> 1X <input type="checkbox"/> Day <input type="checkbox"/> 2X <input type="checkbox"/> Week <input type="checkbox"/> 3X <input type="checkbox"/> Month <input type="checkbox"/> 4X <input type="checkbox"/> Quarter <input type="checkbox"/> 5X <input type="checkbox"/> 6X <input type="checkbox"/> 7X <input type="checkbox"/> 8X <input type="checkbox"/> 9X	<input type="checkbox"/> Regular Classroom <input type="checkbox"/> Special Ed Classroom <input type="checkbox"/> Therapy Room <input type="checkbox"/> Other (specify): <input type="text"/>
<input type="checkbox"/> Co-taught services in <input type="text"/> <input type="checkbox"/> Indirect Services in <input type="text"/> <input type="checkbox"/> Direct instruction in <input type="text"/> <input type="checkbox"/> Speech/Language services in <input type="text"/> <input type="checkbox"/> Other: <input type="text"/>	Number of Minutes: <input type="text"/> Hours: <input type="text"/> Periods: <input type="text"/> Sessions: <input type="text"/>	<input type="checkbox"/> 1X <input type="checkbox"/> Day <input type="checkbox"/> 2X <input type="checkbox"/> Week <input type="checkbox"/> 3X <input type="checkbox"/> Month <input type="checkbox"/> 4X <input type="checkbox"/> Quarter <input type="checkbox"/> 5X <input type="checkbox"/> 6X <input type="checkbox"/> 7X <input type="checkbox"/> 8X <input type="checkbox"/> 9X	<input type="checkbox"/> Regular Classroom <input type="checkbox"/> Special Ed Classroom <input type="checkbox"/> Therapy Room <input type="checkbox"/> Other (specify): <input type="text"/>
<input type="checkbox"/> Co-taught services in <input type="text"/> <input type="checkbox"/> Indirect Services in <input type="text"/> <input type="checkbox"/> Direct instruction in <input type="text"/> <input type="checkbox"/> Speech/Language services in <input type="text"/> <input type="checkbox"/> Other: <input type="text"/>	Number of Minutes: <input type="text"/> Hours: <input type="text"/> Periods: <input type="text"/> Sessions: <input type="text"/>	<input type="checkbox"/> 1X <input type="checkbox"/> Day <input type="checkbox"/> 2X <input type="checkbox"/> Week <input type="checkbox"/> 3X <input type="checkbox"/> Month <input type="checkbox"/> 4X <input type="checkbox"/> Quarter <input type="checkbox"/> 5X <input type="checkbox"/> 6X <input type="checkbox"/> 7X <input type="checkbox"/> 8X <input type="checkbox"/> 9X	<input type="checkbox"/> Regular Classroom <input type="checkbox"/> Special Ed Classroom <input type="checkbox"/> Therapy Room <input type="checkbox"/> Other (specify): <input type="text"/>
<input type="checkbox"/> Co-taught services in <input type="text"/> <input type="checkbox"/> Indirect Services in <input type="text"/> <input type="checkbox"/> Direct instruction in <input type="text"/> <input type="checkbox"/> Speech/Language services in <input type="text"/> <input type="checkbox"/> Other: <input type="text"/>	Number of Minutes: <input type="text"/> Hours: <input type="text"/> Periods: <input type="text"/> Sessions: <input type="text"/>	<input type="checkbox"/> 1X <input type="checkbox"/> Day <input type="checkbox"/> 2X <input type="checkbox"/> Week <input type="checkbox"/> 3X <input type="checkbox"/> Month <input type="checkbox"/> 4X <input type="checkbox"/> Quarter <input type="checkbox"/> 5X <input type="checkbox"/> 6X <input type="checkbox"/> 7X <input type="checkbox"/> 8X <input type="checkbox"/> 9X	<input type="checkbox"/> Regular Classroom <input type="checkbox"/> Special Ed Classroom <input type="checkbox"/> Therapy Room <input type="checkbox"/> Other (specify): <input type="text"/>

Name:

Services Summary			
Related Services	Time/Amount	Frequency	Setting
<input type="checkbox"/> None Needed			
Related Service(s): <input type="text"/> (Please type if a service is not listed)	Number of Minutes: <input type="text"/> Hours: <input type="text"/> Periods: <input type="text"/> Sessions: <input type="text"/>	<input type="checkbox"/> 1X <input type="checkbox"/> Day <input type="checkbox"/> 2X <input type="checkbox"/> Week <input type="checkbox"/> 3X <input type="checkbox"/> Month <input type="checkbox"/> 4X <input type="checkbox"/> Quarter <input type="checkbox"/> 5X <input type="checkbox"/> 6X <input type="checkbox"/> 7X <input type="checkbox"/> 8X <input type="checkbox"/> 9X	<input type="checkbox"/> Regular Classroom <input type="checkbox"/> Special Ed Classroom <input type="checkbox"/> Therapy Room <input type="checkbox"/> Other (specify): <input type="text"/>
Related Service(s): <input type="text"/> (Please type if a service is not listed)	Number of Minutes: <input type="text"/> Hours: <input type="text"/> Periods: <input type="text"/> Sessions: <input type="text"/>	<input type="checkbox"/> 1X <input type="checkbox"/> Day <input type="checkbox"/> 2X <input type="checkbox"/> Week <input type="checkbox"/> 3X <input type="checkbox"/> Month <input type="checkbox"/> 4X <input type="checkbox"/> Quarter <input type="checkbox"/> 5X <input type="checkbox"/> 6X <input type="checkbox"/> 7X <input type="checkbox"/> 8X <input type="checkbox"/> 9X	<input type="checkbox"/> Regular Classroom <input type="checkbox"/> Special Ed Classroom <input type="checkbox"/> Therapy Room <input type="checkbox"/> Other (specify): <input type="text"/>
Related Service(s): <input type="text"/> (Please type if a service is not listed)	Number of Minutes: <input type="text"/> Hours: <input type="text"/> Periods: <input type="text"/> Sessions: <input type="text"/>	<input type="checkbox"/> 1X <input type="checkbox"/> Day <input type="checkbox"/> 2X <input type="checkbox"/> Week <input type="checkbox"/> 3X <input type="checkbox"/> Month <input type="checkbox"/> 4X <input type="checkbox"/> Quarter <input type="checkbox"/> 5X <input type="checkbox"/> 6X <input type="checkbox"/> 7X <input type="checkbox"/> 8X <input type="checkbox"/> 9X	<input type="checkbox"/> Regular Classroom <input type="checkbox"/> Special Ed Classroom <input type="checkbox"/> Therapy Room <input type="checkbox"/> Other (specify): <input type="text"/>

Name:

### Placement Continuum (Early Childhood Students ages 3-5)

<input type="checkbox"/> A1	Child attends a regular early childhood program AT LEAST 10 hours per week and receives the majority (at least 50%) of their Special Education and Related Services in the Regular Early Childhood Program.
<input type="checkbox"/> A2	Child attends a regular early childhood program AT LEAST 10 hours per week and receives the majority of their Special Education and Related Services in some OTHER LOCATION.
<input type="checkbox"/> B1	Child attends a regular early childhood program LESS THAN 10 hours per week and receives the majority (at least 50%) of their Special Education and Related Services in the Regular Early Childhood Program.
<input type="checkbox"/> B2	Child attends a regular early childhood program LESS THAN 10 hours per week and receives the majority of their Special Education and Related Services in some OTHER LOCATION.
<input type="checkbox"/> SP	Child attends a special education program in a class with a majority (at least 50%) of children with disabilities.
<input type="checkbox"/> SS	Child receives education programs in a public or private day school designated for children with disabilities.
<input type="checkbox"/> RS	Child receives education program in a publicly or privately operated residential school or medical facility on an inpatient basis.
<input type="checkbox"/> HM	Child receives the majority of the special education and related services in the principal residence of the child's family or caregiver.
<input type="checkbox"/> IO	Child receives the majority of special education and related services in a service provider location or some other location not in any other category.

#### Least Restrictive Environment Considerations

##### Extent of Participation in General Education

Indicate the reasons why the IEP team determined that provision of services in the general education setting was not appropriate for the child.

- NA, Child receives all services in the regular early childhood program.
- The child's acquisition of academic/developmental skills cannot be addressed through modification/adaptation of the general curriculum.
- Small group instruction is necessary for the child to acquire skills specified in the IEP.
- Behavior intervention strategies established in the child's IEP require a degree of structure that cannot be implemented in a large group setting.
- The child's needs cannot be achieved in the general education/preschool environment even when supplemental aids and supports are provided.
- The child's behavior significantly impedes his or her learning and that of others.
- Additional individualized instruction is needed to facilitate learning.
- A more structured environment is needed than can be provided in the general education setting.

Is this placement in the school the child would normally attend if nondisabled?  Yes  No

If no, is the placement as close as possible to the child's home?  Yes  No

If no, explain why the IEP requires other arrangements:

Parent(s) received Parent Survey:

Yes  No  N/A

Parent was provided a copy of the IEP:

In Person  By Mail  E-mail

Name:

Team Participant Signatures

	Parent(s)
	Special Education Teacher
	General Education Teacher
	Local Education Agency Representative
	Individual to Interpret Instructional Implications of Evaluation Results
	Other : <input type="text"/>