

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: SCHOOL AGE - Postsecondary Transition

Purpose of IEP:

<input type="checkbox"/> Annual Date: <input type="text"/>	<input type="checkbox"/> Temporary Date: <input type="text"/>	<input type="checkbox"/> Initial Date: <input type="text"/>	<input type="checkbox"/> Amended Date: <input type="text"/>
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Most Recent Evaluation Date (Date of most recent EPC or EDR with no testing):

Parent Rights Under IDEA:

https://arksped.ade.arkansas.gov/rules_regs_08/RevisionstoRulesandRegulationJuly2010/YOUR%20RIGHTS%20UNDER%20THE%20IDEA.pdf
https://arksped.ade.arkansas.gov/rules_regs_08/RevisionstoRulesandRegulationJuly2010/Spanish/Your%20Rights%20Under%20the%20IDEA%20-%20Spanish.pdf
 (Spanish version)

Parent Rights Provided:

Personally Presented
 Mail
 E-Mail

Parent Method of Participation:

In Person
 Through alternate means
 Parent did not participate

Excusal(s): Yes No

If yes, Name(s) of Team Member(s) Excused:

Parent Agreement to Excusal:

Yes No Parent Initials _____

Is excused member's area of curriculum being discussed?

Yes, written input was provided. No

Translation/Interpretation Needed:

Yes
 No

If yes, specify:

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)
 - Consider the academic, developmental, and functional needs resulting from the child's disability, which may require special education, related services, supplementary aids, supports for personnel, or modifications.
 - Consider how the child's strengths relate to the child's postsecondary goals.
- Effect of the child's disability on his/her involvement in the general education curriculum
 - Consider how the child's disability will affect the child's ability to reach his/her postsecondary goals (what the child will do after high school).
- Achievement of annual goals, performance in related service areas, and a description of any significant lack of progress.

Transfer of Rights: *In Arkansas, beginning not later than one year before a child reaches the age of majority under State law, age eighteen (18), except for a child with a disability who has been determined to be incompetent under state law, the child's IEP must include a statement that the child has been informed of his or her rights under Part B of the Act, if any, that will transfer to the child on reaching the age of majority, consistent with 34 CFR 300.520 and §9.00 of these regulations.*

N/A for this IEP

Date notification was given to the child and parent:

Initial Date of Transition Plan Development:	<input type="text"/>	Student's Disability:	<input type="text"/>			
Dates Plan was Reviewed (must be reviewed at least annually):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Post-Secondary Transition Goals and Services

These goals and services are to be in place beginning not later than the first IEP to be in effect when the child turns 16, or younger if determined appropriate by the IEP Team, and are to be reviewed at least annually and revised as needed.

List age appropriate transition assessments used annually in determining postsecondary goals and include year administered. For each year, multiple assessments may be listed.

ASSESSMENT	Year(s) Provided
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Name:

1) **REQUIRED** - Postsecondary Career/Employment Goal(s) *(After high school, what kind of work will you do?):*

After high school (student's name/I) will:

Transition Activities/Services that will help student move toward Career/Employment Goal Indicated Above:	Responsible Party's Title	Semester/Year to be Implemented (e.g., Fall/15)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

2) **REQUIRED** - Postsecondary Education/Training Goal(s) *(After high school, what additional education and training will you receive? This education/training will be correlated to career/employment goals or independent living skill goals.):*

After high school (student's name/I) will:

Transition Activities/Services that will help student move toward Education/Training Goal Indicated Above:	Responsible Party's Title	Semester/Year to be Implemented (e.g., Fall/15)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3) Postsecondary Independent Living Skills (ILS)/Community Participation Goal(s): Before establishing a goal, make sure a variety of ILS are considered. Remember, the activities you include under the goal should be specific to supporting the student's moving toward living independently.

After high school (student's name/I) will:

Transition Activities/Services that will help student move toward Independent Living Skills/Community Participation Goal Indicated Above:	Responsible Party's Title	Semester/Year to be Implemented (e.g., Fall/15)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are no areas of deficit, include a statement indicating the student will maintain his or her current skills (as indicated in assessment results) to live independently.

Consider the need for outside agency participation, as well as the need to invite the agency to the IEP meeting. If agencies are providing services to students to promote movement toward goals, include those appropriate activities in the IEP.

Name:

Courses of Study

Based on the current goals, provide specific and individualized course of study. Courses must reasonably enable the child to meet his/her postsecondary goals and be projected through their anticipated exit year. The description may be an individualized list of courses and/or a narrative focusing on specific skills/knowledge to be acquired in a class.

Choose one option below:

- Narrative Description
- List of Courses Description

List of Courses (Complete table below):

Subject	School Year: <input type="text"/>	School Year: <input type="text"/>	School Year: <input type="text"/>	School Year: <input type="text"/>
English	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Studies	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Oral Communications	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mathematics	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Science	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Education	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Health and Safety	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Economics	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fine Arts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Career Focus	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Elective	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Elective	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Elective	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Elective	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Narrative of Course Description:

Summary of Performance is an additional piece mandated by IDEA but not part of the IEP. It must be completed during the final year of the child's high school education and a copy given to the child.

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

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Form: IEP Type - SCHOOL AGE - Postsecondary Transition

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"/>
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Name:

Services Summary			
Related Services <input type="checkbox"/> None Needed	Time/Amount	Frequency	Setting
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:

Least Restrictive Environment Considerations

Extent of Participation in General Education

For K-12: The general education environment includes all academic instruction as well as meals, recess, assemblies, field trips, etc. Will this child participate 100% of the time with non-disabled peers in the general education environment?

- Yes
 No

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

- 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 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:

The **continuum of placements** for the least restrictive environment (LRE) includes regular classes with indirect service (RG), regular class 80% or more (RG), regular class 40% to 79% (RR), regular class less than 40% (SC), School-based Day Treatment, Special Day School, Residential School, Hospital Program, and Homebound Instruction.

Continuum of Placement:

- | | |
|---|---|
| <input type="checkbox"/> Regular Class with Indirect Service (RG) | <input type="checkbox"/> Regular Class 80% or more (RG) |
| <input type="checkbox"/> Regular Class 40% to 79% (RR) | <input type="checkbox"/> Regular Class Less Than 40% (SC) |
| <input type="checkbox"/> School-based Day Treatment | <input type="checkbox"/> Special Day School |
| <input type="checkbox"/> Residential School | <input type="checkbox"/> Hospital Program |
| <input type="checkbox"/> Homebound Instruction | <input type="checkbox"/> Correctional Facility |

Amount of time IN general education setting: % of time per week

Name:

Assessment Decision

1. Can the child participate in regular statewide and districtwide required assessments?

Yes No

A. List accommodations needed (if any) consistent with IEP and general test administration guidelines.

None needed

Accommodations needed:

2. If the child will participate in the Arkansas Alternate Assessment Program, has the IEP team considered the guidelines for participation in alternate assessment?

Yes No

A. If the child will participate in the Arkansas Alternate Assessment Program, provide a statement of why the child cannot participate in regular assessment.

I understand that my child will be assessed with the statewide alternative assessment based on alternate achievement standards.

Parent Signature: _____

Name:

Alternate English Language Proficiency Assessment (Alt ELPA) Decision

Complete this section **ONLY** if the student is an English Learner.

___ The child does not have the most significant cognitive disability. If the child does not have the most significant cognitive disability, do **NOT** complete the remaining portion of this Alt ELPA section.

___ K-2: The child will be in K-2 for the next administration of the English Language Proficiency Assessment (usually late February through early April) AND the child meets the criteria as being a child with the most significant cognitive disability.

___ 3-10: The child will be in grade 3-10 for the next administration of the English Language Proficiency Assessment (usually late February through early April) AND the child meets the criteria for and participates in the state's alternate assessment.

___ 11-12: The child will be in grade 11 or 12 for the next administration of the English Language Proficiency Assessment (usually late February through early April) AND the child meets the criteria for and participated in the state's alternate assessment in 10th grade.

Name:

Alternate Pathway to Graduation

- Not Applicable: Student does not meet the criteria as having the most significant cognitive disability and/or the student will not be entering a grade level listed below. **If NA, do not complete the remaining portion pertaining to the Alternative Pathway to Graduation.**

Please complete the following for students with the most significant cognitive disabilities who will be in the grades indicated below:

- 2019-20 Ninth graders
- 2020-21 Ninth and tenth graders
- 2021-22 Ninth, tenth, and eleventh graders
- 2022-23 All high school students

Beginning with the 2019-20 school year, IEP teams must determine whether a student with the most significant cognitive disability should follow the general pathway to graduation or the alternate pathway to graduation. The alternate pathway is only available to students with the most significant cognitive disabilities who participate in the alternate assessment in high school.

- My child will participate in the alternate pathway to graduation and the high school transcript will indicate this pathway. (Courses on this alternate pathway will not transfer to the general pathway.)
- My child will participate in the general pathway to graduation.
- My child will work toward a certificate (e.g. Certificate of Attendance or Certificate of IEP Goals being met), not a standard diploma.

Projected Graduation Year:

Parent/Guardian Signature: _____

Student Signature: _____

(Student signature required if student has reached the age of majority and parent has not obtained guardianship)

Name:

Parent(s) received Parent Survey:	Parent was provided a copy of the IEP:
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/> In Person <input type="checkbox"/> By Mail <input type="checkbox"/> E-mail

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