

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Name _____ Date of Birth _____ Age _____ Date Developed _____
(M/D/YY) (M/D/YY)

SS# _____ - _____ - _____ Student **State ID** _____ School/Site _____
(10 Digit)

Duration of Service(s) from _____ to _____
(M/D/Y) (M/D/Y)
(Excluding summer months and school holidays unless otherwise indicated)

Grade _____ Semester _____ Grade _____ Semester _____

PROPOSED SCHEDULE OF SERVICES

Course/Activity	Gen. Ed	Gen. Ed (Indt)	Sp. Ed (Incl)	Sp. Ed	Course Grade, If Applicable, Determined By			Course/Activity	Gen. Ed	Gen. Ed (Indt)	Sp. Ed (Incl)	Sp. Ed	Course Grade, If Applicable, Determined By		
					Gen Ed.	Sp. Ed	Joint						Gen Ed.	Sp. Ed	Joint
Total Amount of Time (weekly): Gen. Ed. _____ Sp. Ed. _____								Total Amount of Time (weekly): Gen. Ed. _____ Sp. Ed. _____							

SCHEDULE OF SPEECH-LANGUAGE PATHOLOGY SERVICES

Semester _____ AND Semester _____
None Needed ☐ **SCHEDULE OF RELATED SERVICES** None Needed ☐

Related Services	Location	Frequency	Amount	Related Services	Location	Frequency	Amount

I (check one) ☐ give ☐ deny permission for _____ to bill my private insurance for the above services.
(agency name)

This document contains _____ pages.

STATEMENT OF PARENTAL PARTICIPATION AND CONCERNS

Parent(s) participated via alternative means (describe): _____

SUMMARY OF PRESENT LEVELS OF **ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**
[Based on most recent evaluation/assessments which may include: the results of any State or district-wide assessment (not applicable to preschool), academics, behavioral, medical, functional, developmental, vocational, social]

I. Describe **present levels relative to general curriculum/appropriate activities:**
(5 - 21 years)(3 - 5 years)

II. **Describe the child's strengths:** _____

III. Describe how the disability affects involvement and progress in general curriculum/appropriate activities:
(5 - 21 years)(3 - 5 years)

CONSIDERATION OF SPECIAL FACTORS

Is this a child who demonstrates need for any of the following:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Positive behavioral interventions and supports and other strategies to address behavior that impedes his/her learning or that of others?
If yes, explain _____ | ☐ | ☐ |
| 2. Accommodations for the child's limited English proficiency, including alternative language services and/or instruction in a language other than English?
If yes, explain _____ | ☐ | ☐ |
| 3. Instruction in Braille and the use of Braille in reading and writing skills and appropriate reading and writing media, in the case of the child who is blind or visually impaired?
If yes, explain _____ | ☐ | ☐ |
| 4. Special communication consideration? (For a child with disabilities other than hearing impairments)
If yes, explain _____ | ☐ | ☐ |
| 5. As a child who is deaf or hard of hearing, language and special communication consideration, direct communication with peers and professional personnel in the student's language and communication mode, consideration of academic level, direct instruction in his/her language and communication mode?
If yes, explain _____ | ☐ | ☐ |
| 6. Assistive technology devices and services as required for the child to benefit from special education and related services? (The IEP Team determines if AT devices will be used in the home or other settings, in order for the child to receive FAPE.)
If yes, explain _____ | ☐ | ☐ |

Additionally:

- | | Yes | No | | Yes | No |
|--|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|
| 7. Can the child follow regular discipline policies? | ☐ | ☐ | Attendance policies? | ☐ | ☐ |
| If no, explain _____ | | | | | |

- | | | |
|---|--------------------------|--------------------------|
| 8. Can the child participate in standard administration of statewide and district-wide required assessments? (Not applicable to pre-school) | ☐ | ☐ |
|---|--------------------------|--------------------------|

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

Will the child participate in the Arkansas Alternate Assessment Program?	☐	☐
--	--------------------------	--------------------------

If yes, provide a statement of why the child cannot participate in regular assessment.

If yes, provide a statement of why the alternate assessment selected is appropriate for the child.

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

Parent Signature: _____

Will the child participate in course specific alternate assessment?

Specify: _____ ☐ ☐

- | | | |
|--|--------------------------|--------------------------|
| 9. Are there other factors which need consideration? | ☐ | ☐ |
|--|--------------------------|--------------------------|

If yes, explain _____

GOALS (Including Academic and Functional) • PROGRESS REPORT

The goal(s) have been linked to the general curriculum/appropriate activities in the area(s) of _____

Progress Reports Completed Each Grading/Progress Period, As Scheduled By The District

ANNUAL GOAL(S)	MASTERY CRITERIA LEVEL	* EVALUATION PROCEDURE	**EVALUATION CODES, EVALUATION DATE, PERFORMANCE LEVEL			
#			DATE	DATE	DATE	DATE
			C D M N	C D M N	C D M N	C D M N
			LEVEL	LEVEL	LEVEL	LEVEL
			%	%	%	%
#			DATE	DATE	DATE	DATE
			C D M N	C D M N	C D M N	C D M N
			LEVEL	LEVEL	LEVEL	LEVEL
			%	%	%	%
#			DATE	DATE	DATE	DATE
			C D M N	C D M N	C D M N	C D M N
			LEVEL	LEVEL	LEVEL	LEVEL
			%	%	%	%
#			DATE	DATE	DATE	DATE
			C D M N	C D M N	C D M N	C D M N
			LEVEL	LEVEL	LEVEL	LEVEL
			%	%	%	%
#			DATE	DATE	DATE	DATE
			C D M N	C D M N	C D M N	C D M N
			LEVEL	LEVEL	LEVEL	LEVEL
			%	%	%	%

- * Evaluation Procedure Codes:
1. Teacher-made tests

3. Weekly Tests

5. Student Conferences

7. Portfolios

9. Data Response

2. Observations

4. Unit Tests

6. Work Samples

8. Oral Tests

10. Other _____

- ** Evaluation Codes:
- C

Continue

M

Mastered

D

Discontinued

N

Not Initiated

GOAL • OBJECTIVES • PROGRESS REPORT

(FOR CHILDREN WITH DISABILITIES WHO TAKE ALTERNATE BENCHMARK PORTFOLIO ASSESSMENT)

The goal/objectives have been linked to the general curriculum/appropriate activities in the area(s) of _____

ANNUAL GOAL: _____

Progress Reports Completed Each Grading/Progress Period, As Scheduled By The District

ANNUAL GOAL(S) AND/OR SHORT-TERM OBJECTIVES		MASTERY CRITERIA LEVEL	* EVALUATION PROCEDURE	**EVALUATION CODES, EVALUATION DATE, PERFORMANCE LEVEL			
#				DATE	DATE	DATE	DATE
				C D M N	C D M N	C D M N	C D M N
				LEVEL	LEVEL	LEVEL	LEVEL
				%	%	%	%
#				DATE	DATE	DATE	DATE
				C D M N	C D M N	C D M N	C D M N
				LEVEL	LEVEL	LEVEL	LEVEL
				%	%	%	%
#				DATE	DATE	DATE	DATE
				C D M N	C D M N	C D M N	C D M N
				LEVEL	LEVEL	LEVEL	LEVEL
				%	%	%	%
#				DATE	DATE	DATE	DATE
				C D M N	C D M N	C D M N	C D M N
				LEVEL	LEVEL	LEVEL	LEVEL
				%	%	%	%

- * Evaluation Procedure Codes:**

1. Teacher-made tests

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6. Work Samples

8. Oral Tests

10. Other _____
- ** Evaluation Codes:**

C

Continue

M

Mastered

D

Discontinued

N

Not Initiated

INSTRUCTIONAL MODIFICATIONS, SUPPLEMENTAL AIDS, AND SUPPORTS

Modifications are supplementary aids and supports to the regular education program. Only those modifications that are required to ensure the student's participation in the regular education program should be considered.	FREQUENCY CODES C Classwork H Homework T Test A All	TEACHER'S INITIALS									
		SUBJECT AREAS									
ALTER ASSIGNMENTS BY PROVIDING: None Needed											
ADAPT INSTRUCTION BY PROVIDING: None Needed											
ADAPT MATERIALS BY PROVIDING: None Needed											
ADAPT TESTS BY PROVIDING (Not Applicable to Preschool): None Needed											

INSTRUCTIONAL MODIFICATIONS, SUPPLEMENTAL AIDS, AND SUPPORTS (cont.)

Modifications are supplementary aids and supports to the regular education program. Only those modifications that are required to ensure the student's participation in the regular education program should be considered.	FREQUENCY CODES C Classwork H Homework T Test A All	TEACHER'S INITIALS							
		SUBJECT AREAS							

MANAGE BEHAVIOR BY PROVIDING: <i>None Needed</i>									

ACCESS TO EQUIPMENT/SUPPORTS: <i>None Needed</i>									

SUPPORTS FOR PRESCHOOL/SCHOOL PERSONNEL: <i>None Needed</i>									

CRITERIA FOR DETERMINING LEAST RESTRICTIVE ENVIRONMENT(LRE)

The following criteria shall be used by the individualized education program (IEP) Team as a basis for determining the educational placement of a child with disabilities in the least restrictive environment and to ensure that such placement is based on the child's IEP.

[x] Indicates that criteria have been reviewed.

1. ☐ To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who do not have disabilities
2. ☐ Special classes, separate schooling or other removal of children with disabilities from regular education environment occurs only when the nature or severity of the disability is such that education in regular classes/appropriate preschool environment with the use of supplementary aids and services cannot be achieved satisfactorily
3. ☐ A continuum of alternative placements is available to the extent necessary to implement the IEP for each child with a disability, including instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions
4. ☐ Provisions have also been made for supplementary services and supports (such as resource room or itinerant instruction) to be provided in conjunction with regular class placement/appropriate preschool environment
5. ☐ Educational placement is determined at least annually
6. ☐ Educational placement is being made based on the child's IEP
7. ☐ Educational placement is as close as possible to the child's home
 - (a) Unless the IEP of a child with a disability requires some other arrangement, the child is educated in the school which he or she would attend if not disabled
 - (b) Consideration is given to any potential harmful effect on the child or on the quality of services which he or she needs
8. ☐ Each child with a disability participates with children who do not have a disability in nonacademic and extracurricular services and activities, including meals, recess periods, etc., to the maximum extent appropriate to the needs of that child
9. ☐ To the maximum extent appropriate, children with disabilities placed in residential settings are also to be provided opportunities for participation with other children
10. ☐ For preschool children with a disability, consideration is given to the setting where the child is presently spending most of his/her day or where the child could be spending time if the child were not disabled

JUSTIFICATION FOR EDUCATIONAL PLACEMENT SELECTION

The following questions related to child needs will be reviewed **and answered** by the IEP Team for each identified child with a disability. The responses should assist the **IEP Team** in determining the appropriateness of the child's educational placement as it relates to the LRE. This list **of questions may not reflect** all of the child's unique needs which the IEP Team may wish to consider. The **IEP Team** should review **and respond to** each of the following questions and add any additional statements **of this child's needs.**

YES NO

1. ☐ ☐ **Can the** child's acquisition of academic/developmental skills as addressed on the IEP be met through modification/adaptation of the general curriculum?
2. ☐ ☐ Is small group instruction necessary for this child to acquire skills specified in the IEP?
3. ☐ ☐ **Do** behavior management techniques established in the child's IEP require a degree of structure which cannot be implemented in a large group setting?
4. ☐ ☐ **Can** the child's needs as addressed in IEP goals and objectives be satisfactorily achieved in the general educational/preschool environment **if** supplemental aids and supports **are provided**?
5. ☐ ☐ **Does the** child's behavior significantly impair his/her ability to learn in a large group setting, as well as impairing the learning of other children in a large group setting?
6. ☐ ☐ Based upon individual needs, goals and objectives in child's IEP, **would** the general curriculum/appropriate preschool activities need to be completely restructured?
7. ☐ ☐ Based upon individual needs and goals and objectives in the child's IEP, **is** additional individualized instruction required to facilitate his/her learning?
8. ☐ ☐ Based upon individual needs and goals and objectives in the child's IEP, **is** an intensive behavior management program required?
9. ☐ ☐ Is greater opportunity needed for interaction with peers who are not disabled?
10. ☐ ☐ Is participation in regular nonacademic classes/appropriate preschool activities needed to implement goals and objectives stated in the child's IEP?
11. ☐ ☐ Is a more structured environment needed than can be provided in the current educational/developmental placement?
12. ☐ ☐ Based upon the items reviewed above, is a more flexible approach to program delivery required? If Yes, explain.
13. _____
Other statements of this child's needs: _____

LEAST RESTRICTIVE ENVIRONMENT(LRE)

CONTINUUM OF ALTERNATIVE PLACEMENT OPTIONS FOR SCHOOL AGE STUDENTS

Circle the placement (service setting) which is least restrictive for this student based upon data obtained during his/her evaluation, IEP development, and review of criteria and justification for LRE.

Regular Class	Regular Class	Regular Class	Some/or no Instruction in Regular Class	Some/or no Instruction in Regular Class	No Instruction in Regular Class			
Indirect Service	Some Direct Instruction More than 80 % of time in General Education	40% to 79% of the Instructional Day in General Education	Less than 40% of the Instructional Day in General Education	School-based Day Treatment	Special Day School Facility Greater than 50% of time at the facility	Residential School	Hospital Program	Homebound Instruction
1	2	3	4	5	6	7	8	9

Regular Early Childhood Program	Regular Early Childhood Program	Regular Early Childhood Program	Separate Class	Separate School	Residential Facility	Home	Services Provider Location (Itinerant)
In regular early childhood program 80% or more of the day	In regular early childhood program no more than 79% of the day and no less than 40% of the day	In regular early childhood program less than 40% of the day	Attends a special education program in a class with less than 50% nondisabled children	Public or private separate day school designed specifically for children with disabilities	Receives education programs in a publicly or privately operated residential school or residential medical facility on an inpatient basis	Receives special education and related services in the principal residence of the child's family or caregivers Caregiver includes babysitters	Receives all special education and related services from service providers in clinical offices, out patient, etc.
1	2	3	4	5	6	7	8

List lesser restrictive placement option which the program developers considered and the reason(s) why that option was rejected.

OPTION: _____

REASON(S): _____

The section pertaining to Transition Services is not applicable below age 16 unless determined otherwise by the IEP Team. If not applicable, proceed to the signature page.

Initial Date _____

Dates Reviewed _____

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.

Child's Postsecondary Goals

Answer the following questions (1-3) to indicate appropriate measurable postsecondary goals based upon age-appropriate transition assessments. If the child did not attend the IEP meeting, describe the steps that were taken to ensure consideration of the child's preferences and goals: _____

Goals for Employment and Education are REQUIRED, list goals for Independent Living Skills as appropriate.

1) Postsecondary Career/Employment Goal(s): As an adult, what kind of work do you want to do/will you do? _____

2) Postsecondary Education/Training Goal(s): After High School, what additional education and training will you want/need to receive? _____

3) Postsecondary Independent Living Skills/Community Participation Goal(s): As an adult, how and where do you want to/will you live and what skills will you need to live as independently as possible? _____

List age appropriate transition assessments used in determining postsecondary goals: _____

Transition Services

List the services and activities to be implemented to assist the child in reaching the postsecondary goals indicated on page 1, the person responsible for implementation, the semester to be implement and the status. These activities/services can be in the classroom, home or in the community and there must be at least one per goal indicated on page 1. A student or parent can not be the sole responsible party; a school district representative must be included as a responsible party. Required by age 16, may be started at an earlier age if appropriate.

Transition Activities/Services	Responsible Person/Party	Semester to be Implemented	Status*
Career/Employment Activities			
Secondary Education/Training Activities			
Independent Living Skills/Community Participation Activities			
Other			

*Status: 1=New, 2=Continued, 3=Completed

Was there a need to invite a community agency representative likely to provide current or future services?

Yes ___ No ___

List agencies invited: _____

If yes, did the community agency representative attend the IEP meeting? Yes ___ No ___

If no, Explain: _____

Courses of Study

List recommended courses to be taken from current year to anticipated exit year. Include those courses needed to assist the child in reaching postsecondary goals.

[illegible]

Transfer of Rights - Child signs between 16th and 17th birthdays

I have been informed that the rights and procedural safeguards afforded to parents under part B of the Individual with Disabilities Education Act will transfer from my parents to me when I turn eighteen, except that my parents retain the right to receive any notices required under part B.

Child's Signature: _____

Date: _____

Reminder: Summary of Performance

As per the Individuals with Disabilities Education Act, a Summary of Performance is required to be completed and a copy given to the child in his/her final year of school.

Individualized Education Program (IEP) Team -- means a group of individuals composed of the parents of a child with a disability; **not less than** one regular education teacher of **the** child (if the child is, or may be, participating in the regular education environment); **not less than** one special education teacher **of the child**, or where appropriate, **not less than** one special education provider of the child, a representative of the **public** agency who is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities, is knowledgeable about the general **education** curriculum, and is knowledgeable about the availability of resources of the **public** agency; an individual who can interpret the instructional implications of evaluation results, who may already be a member of the team; at the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate; and whenever appropriate, the child with a disability. The public agency must invite a child with a disability **to attend the child's IEP Team meeting** if a purpose of the meeting will be the consideration of the **postsecondary goals for the child and the transition services needed to assist the child in reaching those goals under 34 CFR 300.320(b). To the extent appropriate, with the consent of the parents or a child who has reached the age of majority, in implementing this requirement,** the public agency must invite a representative of any **participating** agency that is likely to be responsible for providing or paying for transition services.

SIGNATURES OF IEP TEAM MEMBERS

<i>SIGNATURE</i>	<i>POSITION</i>

Parent received a copy of the IEP on _____
Date