Age: \_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_ School Year \_\_20[##]\_ to \_\_20[##]\_ Gender: \_M/F\_

**Determination of Present Levels of Educational Performance and Needs**

Review of Evaluation Data and Other Information

Applicable Diagnostic Reports & Testing Dates:

Disability Summary:

**Development of the Individual Educational Program (IEP)**

Present Levels of Academic Achievement and Functional Performance

Transition

**Yes/No** - Is transition planning appropriate for this student?

If transition planning is appropriate, the following transition activities, supports, and other strategies will be used to prepare the student for transition:

Behavior Strategies/Interventions

**Yes/No** - Child’s behavior impedes learning?

If yes, the following positive behavioral interventions, supports, and other strategies address behavior:

Language:

**Yes/No** - Student is a second-language learner?

If the student is a second-language learner, the following additional supports or strategies will be used to help the student understand course work:

Communication Needs of Student:

**Yes/No** - Student has communication needs that should be addressed through supplementary aids, services Assistive Technology, and/or speech therapy?

If the student has communication needs, the following additional supports, aides, services, Assistive Technology, strategies and/or therapy will be used to help the student with those needs:

Physical Needs:

**Yes/No** - Student has physical limitations

Outline the student’s physical limitations and any supports needed for learning.

Assistive Technology Needs:

**Yes/No** - Student is able to learn and achieve IEP goals without the use of Assistive Technology?

If the student has Assistive Technology needs, the following devices and/or services will be used by the student:

Therapy Integration Needs:

**Yes/No** – Student requires therapy integration as part of a regular learning plan?

If the student requires regular or ongoing therapy, the following therapy will be provided for the student:

Summary:

After reviewing the student’s needs and how those needs affect his/her involvement and progress in general education subjects, the following areas should address specific goals and measurables in the IEP:

* Language Arts
  + Reading
  + Writing
  + Spelling
  + Handwriting
* Math
* Social Studies/History/Good Citizenship
* Science
* Fine Arts
* Physical Education
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transition Planning Goal Considerations (if applicable):

Student’s strengths, preferences and interests:

Measurable post-secondary goals:

* Post-Secondary Education/Vocational Training
* Jobs & Employment
* Independent Living

Summary of Services by Subject:

Are Modifications/Accommodations needed for this student? **Yes/No**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| If yes, modifications and accommodations will be offered in the following subjects: | LAE | M | SSH | SCI | PEA | FA | CT | R | Gen. Ed. |
| During regular class work |  |  |  |  |  |  |  |  |  |
| During testing |  |  |  |  |  |  |  |  |  |

*Legend: LAE=Language Arts/English, M=Math, SSH=Social Studies/History, SCI=Science PEA=PE/Athletics, FA=Fine Arts, CT=Career/Technology, R=Reading, OTH=General Education*

Will Assistive Technology be used for this student? **Yes/No**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| If yes, assistive technology will be offered in the following subjects: | LAE | M | SSH | SCI | PEA | FA | CT | R | Gen. Ed. |
| During regular class work |  |  |  |  |  |  |  |  |  |
| During testing |  |  |  |  |  |  |  |  |  |

*Legend: LAE=Language Arts/English, M=Math, SSH=Social Studies/History, SCI=Science PEA=PE/Athletics, FA=Fine Arts, CT=Career/Technology, R=Reading, OTH=General Education*

**Measurable Annual Goal #1:**

Goal Focus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goal Type: 🞎 Academic 🞎 Functional

Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration: \_\_\_[start date]\_\_\_\_\_ to \_\_\_\_[end date]\_\_\_\_\_\_

Bench Marks or Short-term Objectives:

Implementer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency of Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Measurable Annual Goal #2:**

Goal Focus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goal Type: 🞎 Academic 🞎 Functional

Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration: \_\_\_[start date]\_\_\_\_\_ to \_\_\_\_[end date]\_\_\_\_\_\_

Bench Marks or Short-term Objectives:

Implementer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency of Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Measurable Annual Goal #3:**

Goal Focus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goal Type: 🞎 Academic 🞎 Functional

Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration: \_\_\_[start date]\_\_\_\_\_ to \_\_\_\_[end date]\_\_\_\_\_\_

Bench Marks or Short-term Objectives:

Implementer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency of Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(It is not recommended to have more than 3 annual goals. If you would like to create another goal for your student, just copy and paste the blank contents of this page onto a new sheet of the IEP.)

Signatures:

Each IEP participant should sign the completed document. The first line is for a signature and date. The second line is for a printed name. And, the third line is to detail the individual’s role in the IEP: Parent/Student/Teacher/Tutor/Therapist/Doctor/Other (specify).

Participant #1:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_[date signed]\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant #2:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_[date signed]\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant #3:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_[date signed]\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant #4:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_[date signed]\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant #5:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_[date signed]\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant #6:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_[date signed]\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_