

# IEP Individualized Education Program

District: \_\_\_\_\_

THIS IEP WILL BE IMPLEMENTED DURING THE REGULAR SCHOOL TERM UNLESS NOTED IN SECTION 4 EXTENDED SCHOOL YEAR SERVICES

## CHILD'S INFORMATION

NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_  
 STREET: \_\_\_\_\_ GENDER: \_\_\_\_\_ GRADE: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: OH ZIP: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_

DISTRICT OF RESIDENCE: \_\_\_\_\_ COUNTY OF RESIDENCE: \_\_\_\_\_ DISTRICT OF SERVICE: \_\_\_\_\_

Is the child in preschool? YES  NO   
 Will the child be 14 years old before the end of this IEP? YES  NO   
 Is the child younger than 14 years of age but has transition and postsecondary goal information? YES  NO   
 Is the child a ward of the state? YES  NO   
 IEP by third birthday? (If transitioning from Part C services) YES  NO

## PARENT/ GUARDIAN INFORMATION

NAME: \_\_\_\_\_  
 STREET: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: OH ZIP: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
 CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## MEETING INFORMATION

MEETING DATE: \_\_\_\_\_

MEETING TYPE:

- INITIAL IEP  
 ANNUAL REVIEW  
 REVIEW OTHER THAN ANNUAL REVIEW

AMENDMENT

OTHER \_\_\_\_\_

## IEP TIME LINES

ETR COMPLETION DATE: \_\_\_\_\_

NEXT ETR DUE DATE: \_\_\_\_\_

IEP EFFECTIVE DATES

START: \_\_\_\_\_

END: \_\_\_\_\_

NEXT IEP REVIEW: \_\_\_\_\_

## IEP FORM STATUS

(Check when complete)

1. FUTURE PLANNING  
 2. SPECIAL INSTRUCTIONAL FACTORS  
 3. PROFILE  
 4. EXTENDED SCHOOL YEAR SERVICES  
 5. POSTSECONDARY TRANSITION SERVICES  
 6. MEASURABLE ANNUAL GOALS  
 7. SPECIALLY DESIGNED SERVICES  
 8. TRANSPORTATION AS A RELATED SERVICE  
 9. NONACADEMIC AND EXTRA CURRICULAR  
 10. GENERAL FACTORS  
 11. LEAST RESTRICTIVE ENVIRONMENT  
 12. STATEWIDE AND DISTRICT TESTING  
 13. EXEMPTIONS  
 14. MEETING PARTICIPANTS  
 15. SIGNATURES

## OTHER INFORMATION:

## AMENDMENTS: (Complete only if amending the IEP)

IEP SECTION AMENDED	THE SCHOOL DISTRICT AND PARENTS HAVE AGREED TO MAKE THE FOLLOWING CHANGES TO THE IEP	DATE OF AMENDMENT	PARTICIPANT & ROLE	Initials

1 FUTURE PLANNING

[Empty text box for future planning]

2 SPECIAL INSTRUCTIONAL FACTORS

Items checked "YES" will be addressed in this IEP:

- Does the child have behavior which impedes his/her learning or the learning of others? YES  NO
- Does the child have limited English proficiency? YES  NO
- Is the child blind or visually impaired? YES  NO
- Does the child have communication needs (required for deaf or hearing impaired )? YES  NO
- Does the child need assistive technology devices and/or services? YES  NO
- Does the child require specially designed physical education? YES  NO

3 PROFILE

Child's profile to include Reading Improvement and Monitoring Plan (if applicable):

[Empty text box for child's profile]

4 EXTENDED SCHOOL YEAR SERVICES

Has the team determined that ESY services are necessary?  Yes  No

If yes, what goals determined the need? [Empty text box]

Will the team need to collect further data and reconvene to make a determination?  Yes  No

Date to Reconvene [Empty text box]

5 POSTSECONDARY TRANSITION

POSTSECONDARY TRAINING AND EDUCATION

MEASURABLE POSTSECONDARY GOAL:

Age Appropriate Transition Assessment regarding Post Secondary Training and Education (indicating student's needs, strengths, preferences and interests)

# IEP Individualized Education Program

CHILD'S NAME:

DOB

ID Number

COURSES OF STUDY:			NUMBERS OF ANNUAL GOAL(S) Related to Transition Needs		
TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING DATE	PROJECTED END DATE	FREQUENCY	PERSON/AGENCY RESPONSIBLE	+
					-

TYPE OF EVIDENCE INDICATING THE TRANSITION SERVICE HAS BEEN COMPLETED

- A. Anecdotal Record       D. Rubric  
 B. Checklist                 E. Other (list)  
 C. Work Sample

Transition Progress Report

## COMPETITIVE INTEGRATED EMPLOYMENT

<b>MEASURABLE POSTSECONDARY GOAL:</b>					
<b>Age Appropriate Transition Assessment regarding Competitive Integrated Employment</b> (indicating student's needs, strengths, preferences and interests)					
COURSES OF STUDY:			NUMBERS OF ANNUAL GOAL(S) Related to Transition Needs		
TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING DATE	PROJECTED END DATE	FREQUENCY	PERSON/AGENCY RESPONSIBLE	+
					-

TYPE OF EVIDENCE INDICATING THE TRANSITION SERVICE HAS BEEN COMPLETED

- A. Anecdotal Record       D. Rubric  
 B. Checklist                 E. Other (list)  
 C. Work Sample

Transition Progress Report

## INDEPENDENT LIVING (as appropriate)

<b>MEASURABLE POSTSECONDARY GOAL:</b>					
<b>Age Appropriate Transition Assessment regarding Independent Living</b> (indicating student's needs, strengths, preferences and interests)					
COURSES OF STUDY:			NUMBERS OF ANNUAL GOAL(S) Related to Transition Needs		
TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING DATE	PROJECTED END DATE	FREQUENCY	PERSON/AGENCY RESPONSIBLE	+
					-

# IEP Individualized Education Program

CHILD'S NAME:

DOB

ID Number

					-
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TYPE OF EVIDENCE INDICATING THE TRANSITION SERVICE HAS BEEN COMPLETED

- A. Anecdotal Record
- B. Checklist
- C. Work Sample
- D. Rubric
- E. Other (list)

Transition Progress Report

Target Date for Child to Graduate:

# 6 MEASURABLE ANNUAL GOALS

NUMBER: 1      AREA: \_\_\_\_\_

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

MEASURABLE ANNUAL GOAL

METHOD(S) FOR MEASURING THE CHILD'S PROGRESS TOWARDS ANNUAL GOAL

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> A. Curriculum-Based Assessment | <input type="checkbox"/> E. Short-Cycle Assessments | <input type="checkbox"/> I. Work Samples |
| <input type="checkbox"/> B. Portfolios                  | <input type="checkbox"/> F. Performance Assessments | <input type="checkbox"/> J. Inventories  |
| <input type="checkbox"/> C. Observation                 | <input type="checkbox"/> G. Checklists              | <input type="checkbox"/> K. Rubrics      |
| <input type="checkbox"/> D. Anecdotal Records           | <input type="checkbox"/> H. Running Records         |  |

MEASURABLE OBJECTIVES

NUM	OBJECTIVE

FREQUENCY OF WRITTEN PROGRESS REPORTING TOWARD GOAL MASTERY TO THE CHILD'S PARENTS

*Note: Progress Reports must be provided to parents of a child with a disability at least as often as report cards are issued to all children. If the district provides interim reports to all children, progress reports must be provided to all parents of a child with a disability.*

Reported every  weeks

**7 DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES**

TYPE OF SERVICE	GOAL ADDRESSED	PROVIDER TITLE	LOCATION OF SERVICE
SPECIALLY DESIGNED INSTRUCTION:			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:

RELATED SERVICES:			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:

ASSISTIVE TECHNOLOGY:			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:

ACCOMMODATIONS:			
BEGIN:	END:		

MODIFICATIONS:			
BEGIN:	END:		

SUPPORT FOR SCHOOL PERSONNEL:			
BEGIN:	END:		

SERVICE(S) TO SUPPORT MEDICAL NEEDS: <span style="float: right;">+</span>			
BEGIN:	END:		

**8 TRANSPORTATION AS A RELATED SERVICE**

Does the child require special transportation? YES  NO

Does the child need transportation to and from services? YES  NO

Does the child need accommodations or modifications for transportation? YES  NO

If yes, check any transportation accommodations/modifications below that the child needs:

- The bus driver will be notified of the child's behavioral and/or medical concerns       Aide (for transportation only)
- Specially Adapted Vehicle       Wheelchair lift       Safety Vest       Car Seat       Securement Systems
- Other      Specify: \_\_\_\_\_

## 9 NONACADEMIC AND EXTRACURRICULAR ACTIVITIES

In what ways will the child have the opportunity to participate in nonacademic/extracurricular activities with their nondisabled peers?

Describe

If the child will not participate in non-academic/extracurricular activities, explain.

## 10 GENERAL FACTORS

HAS THE IEP TEAM CONSIDERED:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| The strengths of the child?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| The concerns of the parents for the education of the child?                           | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| The results of the initial or most recent evaluations of the child?                   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| As appropriate, the results of performance on any state or district-wide assessments? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| The academic, developmental and functional needs of the child?                        | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Regarding the Third Grade Reading Guarantee, is the child on-track for reading?       | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

## 11 LEAST RESTRICTIVE ENVIRONMENT

**For School Age:**

Does the child attend the school they would attend if not disabled?      YES       NO

Does this child receive all special education services with nondisabled peers?      YES       NO

**For Preschool:**

YES  NO

Does the child attend a general education setting?

Does the child receive all of his/her special education and related services embedded within regular classroom routines and activities? YES  NO

What prevents the child from receiving special education and/or related services embedded with the regular classroom routines and activities?

What prevents the child from being able to attend a general education setting?

Who provides the child with instruction in the general education curriculum?

## 12 STATEWIDE AND DISTRICT WIDE TESTING

Met testing participation requirement?

YES  NO

Is the child participating in the Alternate Assessment for Students with Significant Cognitive Disabilities (AASCD)?

YES  NO

Click below for guidance in considering AASCD:

[Ohio AASCD Participation Criteria](#)

**Accessibility on district and statewide tests**

Will the child participate in district wide and state wide assessments with accommodations?

YES  NO

For each subject tested in the child's grade, choose the method of assessment below. If "With Accommodations" is chosen for any subject, provide a description of the Accommodations for each subject in the right column. Alternate Assessment, if chosen, must apply to all tests taken.

**1. DISTRICT TESTING**

(Note specific test or tests that student will be taking and any differences in allowable accommodations that may be test specific within the classroom across the district)

AREA	ASSESSMENT TITLE	DETAIL OF ACCOMMODATIONS
<input type="radio"/> ELA		
<input type="radio"/> Mathematics		
<input type="radio"/> Science		
<input type="radio"/> Social Studies		



<input type="radio"/> Other		
<b>2. STATEWIDE TESTING</b> (Note specific test or tests that student will be taking and any differences in allowable accommodations that may be test specific)		
AREA	ASSESSMENT TITLE	DETAIL OF ACCOMMODATIONS
<input type="radio"/> ELA		
<input type="radio"/> Mathematics		
<input type="radio"/> Science		
<input type="radio"/> Social Studies		
<input type="radio"/> Other		

 Check when complete

## 13 EXEMPTIONS

**Third Grade Reading Guarantee** (See [The Ohio Third Grade Reading Guarantee Guidance Manual](#) for details)

 Applicable  NA 

Does the child have a significant cognitive disability?

 YES  NO 

**If yes**, the child is not required to take the reading diagnostic assessment and is, therefore, removed from all the provisions of the Third Grade Reading Guarantee (including retention).

**If no**, the team considered all data and made the following decision (check one):

 Not to exempt the child from the retention provision of the Third Grade Reading Guarantee 

 To exempt the child from the retention provision of the Third Grade Reading Guarantee 

### Graduation Tests

 Applicable  NA 

Is the child excused from the consequences of not passing required graduation tests?

 YES  NO 

The child is excused from the consequences of not passing the required graduation tests in the following subjects:

Category	Course Title	Justification	+

### Other Assessments

 Applicable  NA

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Assessment	Justification	+

Check when complete

## 14 MEETING PARTICIPANTS

THIS IEP MEETING WAS:

- Face-to-Face Meeting
- Video Conference
- Telephone Conference/Conference Call
- Other

IEP EFFECTIVE DATES

START: \_\_\_\_\_

END: \_\_\_\_\_

DATE OF NEXT IEP REVIEW: \_\_\_\_\_

### IEP MEETING PARTICIPANTS

THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP

NAME (Print)	POSITION	SIGNATURE	DATE

### PEOPLE NOT IN ATTENDANCE WHO PROVIDED INFORMATION AND RECOMMENDATIONS

NAME (Print)	POSITION	SIGNATURE	DATE

\*IF THE GENERAL EDUCATION TEACHER, INTERVENTION SPECIALIST, DISTRICT REPRESENTATIVE OR PERSON KNOWLEDGABLE ABOUT THE INSTRUCTIONAL IMPLICATIONS OF THE EVALUATION DATA HAVE SIGNED AS NOT IN ATTENDANCE AT THE IEP MEETING, THERE MUST BE A WRITTEN EXCUSE ON FILE.

\*\* THE STUDENT IS A PREFERRED MEMBER UP TO AGE 18 WHEN THEY BECOME A REQUIRED MEMBER UNLESS THERE IS NO TRANSFER OF GUARDIANSHIP.

## 15 SIGNATURES

### INITIAL IEP

- I give consent to initiate special education and related services specified in this IEP.\*
- I give consent to initiate special education and related services specified in this IEP except for \*\*

AREA: \_\_\_\_\_

- I do not give consent for special education and related services at this time.\*\*

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### IEP ANNUAL REVIEW (Not a Change of Placement)

- I agree with the implementation of this IEP.\*
- I am signing to show my attendance/participation at the IEP team meeting, but I do not agree with the following special education and related services specified in this IEP.\*\*

AREA: \_\_\_\_\_

*Note: Not a Change of Placement does NOT require a parents' signature to implement the IEP.*

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### IEP REVIEW (Change of Placement)

- I give consent for the Change of Placement as identified in this IEP.\*
- I do not give consent for the Change of Placement as identified in this IEP.\*\*
- I revoke consent for all special education and related services.\*\*

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### PROCEDURAL SAFEGUARDS NOTICE

The parent received a copy of the Procedural Safeguards Notice at the IEP Meeting in the following form:

YES NO 

IF NO, DATE SENT TO PARENTS: \_\_\_\_\_

#### Transfer of Rights at Age of Majority

By the child's 17th birthday, the child and the child's parents or surrogate parent received a copy of their procedural safeguards notice informing them that the transfer of procedural safeguard rights under IDEA will take place on the child's 18th birthday.

YES NO 

CHILD'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### COPY OF THE IEP

The parents received a copy of the IEP at the IEP meeting.

YES NO 

IF NO, DATE SENT TO PARENTS: \_\_\_\_\_

\* The district must provide prior written notice to the parents summarizing the outcome of the IEP meeting before implementing the IEP.

\*\* If there is not agreement or consent is revoked, the district must provide prior written notice to the parents.

## 16 CHILDREN WITH VISUAL IMPAIRMENTS

This form shall be completed during the IEP meeting for each child who has a visual impairment, as defined by Ohio's Amended Substitute House Bill Number 164, which requires a statement specifying one or more reading and writing media in which instruction is appropriate to meet the child's educational needs. **A copy of this completed form is part of, and must be attached to, the child's IEP form.**

1. Annual assessment of reading and writing skills was conducted with each child in all media considered appropriate. The results of these assessments are included in "Present Levels of Academic Achievement and Functional Performance" on the IEP and indicate both strengths and weaknesses. YES  NO
2. The IEP contains a requirement for instruction in Braille reading and writing when that medium is appropriate and is indicated by adding "Standard English Braille" as a special service in Section 7. YES  NO
3. Instruction in Braille reading and writing was carefully considered for this child and pertinent literature describing the educational benefits of instruction in Braille reading and writing was reviewed by the persons developing this child's IEP. YES  NO
4. The following visual condition(s) was taken into account and discussed in making the above decision:
 

Condition is degenerative and progressive loss is expected.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Condition is currently unpredictable in nature and will be reviewed if change in visual condition is noted.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Condition is temporary and expected to improve.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Condition is stable and will be monitored.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Indicate the appropriate instructional media
 

Standard English Braille	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Large Print	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Regular Print	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Tape/auditory	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Pre-reader	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Complete if Braille reading and writing **ARE** appropriate at this time
 

Annual goals provided	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Short-term objectives provided	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Date of initiation indicated	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Frequency and duration of instructional sessions indicated	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Level of competency to be achieved annually indicated	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Objective determinants used to measure achievement provided	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Reasons Braille reading and writing **ARE NOT** appropriate this time
 

Documented visual acuity allowing the choice of larger type/regular type	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Child is considered a pre-reader	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other	YES <input type="checkbox"/>	NO <input type="checkbox"/>