**INDIVIDUALIZED EDUCATION PROGRAM**

|  |  |
| --- | --- |
| STUDENT’S NAME |  |
| DOB |   | SCHOOL YEAR |  | - |  | GRADE |  | - |  |
| **IEP Initiation/Duration dates** | **fROM** |  |  | **to** |  |
| **This IEP will be implemented during the regular school term unless noted in extended school year services.** |
|  |
| Student Profile – will include general statements regarding: |
| **Strengths of the student –** Include information regarding the student’s strengths in academic and functional areas. |
|  |
| **Parental concerns for enhancing the education –** Include all information regarding the parental concerns for enhancing the education of their child. |
|  |
| **Student Preferences and/or Interests –** This area includes information obtained from parent, teacher(s), and the student regarding preferences and interests. Include all information concerning student preferences and/or interests including transition information. |
|  |
| **Results of the most recent evaluations –** Include all information concerning evaluation results. This information should be written in meaningful terms so that the parent and service providers have a clear understanding of the evaluation results. |
|  |
| **The academic, developmental, and functional needs of the student –** Include all information concerning how the student’s disability affects his/her involvement and progress in the general education curriculum, and, for preschool age children, how the disability affects his/her participation in age-appropriate activities. |
|  |
| **Other –** Include any information pertinent to the development of the IEP that was not included anywhere else on theStudent Profilepage. |
|  |
| **For the child transitioning from EI to Preschool, justify if the IEP will not be implemented on the child’s 3rd birthday –** This should only be completed if the child is not being served under IDEA on the child’s third birthday. (e.g., if a child’s birthday is during the summer or holiday(s) justification is required). |
|  |

**INDIVIDUALIZED EDUCATION PROGRAM**

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| --- | --- | --- | --- |
| **STUDENT’S NAME:** |  | **DOB:** |  |
|  |  |  |  |
|  **SPECIAL INSTRUCTIONAL FACTORS****Items checked “YES” will be addressed in this IEP:**Does the student have behavior which impedes his/her learning or the learning of others? | **YES**[ ] |  | **NO**[ ] |
| * Does the student have a Behavioral Intervention Plan?
 | [ ] |  | [ ] |
| * Does the student have limited English proficiency?
 | [ ] |  | [ ] |
| * Does the student need instruction in Braille and the use of Braille?
 | [ ] |  | [ ] |
| * Does the student have communication needs?
 | [ ] |  | [ ] |
| * Does the student need assistive technology devices and/or services?
 | [ ] |  | [ ] |
| * Does the student require specially designed P.E.?
 | [ ] |  | [ ] |
| * Is the student working toward alternate achievement standards and participating in the *Alabama Alternate Assessment*?
 | [ ] |  | [ ] |
| * Are transition services addressed in this IEP?
 | [ ] |  | [ ] |
| **TRANSPORTATION**  |

|  |  |
| --- | --- |
| Student’s mode of transportation: |  |
|  | [ ] Regular bus | [ ] Bus for special needs | [ ] Parent contract | [ ] Other: |  |
| Doesthe student require transportation as a related service?  | [ ] YES | [ ] NO  |
|  If yes, check any transportation needs: |
| [ ] | Bus assistance:  | [ ] Adult support | [ ] Medical support  |
| [ ] | Preferential seating  |
| [ ] | Behavioral Intervention Plan  |
| [ ] | Wheelchair lift and securement system  |
| [ ] | Restraint system  |
|  | Specify type:  |
|  |  |
| [ ] | Other. Specify:  |
|  |  |
| [ ] | Bus driver and support personnel are aware of the student’s behavioral and/or medical concerns.  |

|  |
| --- |
| NONACADEMIC and EXTRACURRICULAR ACTIVITIESWill the student have the opportunity to participate in nonacademic/extracurricular activities with his/her nondisabled peers?  |
| [ ] | YES.  |
| [ ] | YES, with supports. Describe:  |
|  |  |
| [ ] | NO. Explanation must be provided:  |
|  |  |
| **method/FREQUENCY for reporting progress OF ATTAINING GOALS TO PARENTS** |
| Annual Goal Progress reports will be sent to parents each time report cards are issued (every  |   | weeks). |

**INDIVIDUALIZED EDUCATION PROGRAM**

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| --- | --- | --- | --- | --- |
| **STUDENT’S NAME:** |  |  | **DOB:** |  |

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| Transition: Beginning not later than the first IEP to be in effect when the student is 16, or earlier if appropriate, and updated annually thereafter. For all students entering 9th grade regardless of their age, transition must be addressed. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ] | This student was invited to the IEP Team meeting on  |  | via |  | . |
| [ ] | After prior consent of the parent or student (Age 19) was obtained, other agency representatives were invited to the IEP Team meeting.  |
| [ ] | Transition services based on the student’s strengths, preferences, and interests that will reasonably enable the student to meet the postsecondary goals are addressed on the transition goal page in this IEP.  |

**Age-appropriate Transition Assessments:**

(Select the assessment(s) used to determine the student’s measurable postsecondary transition goals.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **[ ]** | Student Interview |  | **[ ]** | Career Awareness |  | **[ ]** | Interest Inventory |
| **[ ]** | Parent Interview |  | **[ ]** | Student Portfolio |  | **[ ]** | Interest Learning Profile |
| **[ ]** | Student Survey |  | **[ ]** | Vocational Assessment |  | **[ ]** | Career Aptitude |
| **[ ]** | Other |  |

Enter the assessment(s) used to determine the student’s selected long-term postsecondary transition goals**:**

**Postsecondary Education/Training Goal**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Assessment: |  |  | Date: |  |
| Assessment: |  |  | Date: |  |

|  |  |
| --- | --- |
| **Long-Term Goal:** |  |
| If Other is selected, specify: |  |

**Employment/Occupation/Career Goal**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Assessment: |  |  | Date: |  |
| Assessment: |  |  | Date: |  |

|  |  |
| --- | --- |
| **Long-Term Goal:** |  |
| If Other is selected, specify: |  |

**Community/Independent Living Goal**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Assessment: |  |  | Date: |  |
| Assessment: |  |  | Date: |  |

|  |  |
| --- | --- |
| **Long-Term Goal:** |  |
| If Other is selected, specify: |  |

|  |  |
| --- | --- |
| [ ] | This student is in a middle school course of studythat will help prepare him/her for transition.  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Anticipated Date of Exit: | Month: |  | Year: |  |  |

|  |
| --- |
| **Selected Pathway to the Alabama High School Diploma:**  |
| [ ] | General Education Pathway (Intended to prepare student for college and career) |
| [ ] | Essentials Pathway (Intended to prepare student for a career/competitive employment) |
| [ ] | Alternate Achievement Standards Pathway (AAS) (Intended to prepare students for supported/competitive employment) |

|  |
| --- |
| **Program Credits to be Earned (Complete for students in grades 9-12)**  |
| For each course taken indicate program credits to be earned next to the appropriate pathway. | ENGLISH | MATH | SCIENCE | SOCIALSTUDIES |
| General Education Pathway  |  |  |  |  |
| Essentials Pathway |  |  |  |  |
| Alternate Achievement Standards Pathway |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Elective(s) |  | (enter total number of electives) |

**INDIVIDUALIZED EDUCATION PROGRAM**

**ANNUAL TRANSITION GOAL(S)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **STUDENT’S NAME:** |  |  | **dob:** |  |

|  |
| --- |
| **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:** Based on the student’s strengths, preferences, interests, and needs related to the postsecondary goals (include a description of age-appropriate transition assessments). |
|  |

 *(Link to Transition Standards)*

|  |
| --- |
| **MEASURABLE ANNUAL POSTSECONDARY TRANSITION GOALS:** Academic areas may be written separately or embedded within the transition goal. Address transition services, activities, and person(s)/agency involved for each goal area. (If more than one goal is needed in any one goal area below, additional goal pages can be added.)  |

|  |  |  |
| --- | --- | --- |
| **Postsecondary Education/Training Goal**: | Date of Completion/Mastery: |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Transition Service(s):** |  |  |  |

|  |
| --- |
| **Transition Activities**: (Enter a numbered list of all activities to assist the student in achieving his/her long-term Postsecondary Education/Training goal.) |
| 1. 2. |
| Person(s)/Agency Involved: |  |

|  |  |  |
| --- | --- | --- |
| **Employment/Occupation/Career Goal**: | Date of Completion/Mastery: |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Transition Service(s):** |  |  |  |

|  |
| --- |
| **Transition Activities**: (Enter a numbered list of all activities to assist the student in achieving his/her long-term Employment/Occupation/Career goal.) |
| 1. 2. |
| Person(s)/Agency Involved: |  |

|  |  |  |
| --- | --- | --- |
| **Community/Independent Living** **Goal**: | Date of Completion/Mastery: |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Transition Service(s):** |  |  |  |

|  |
| --- |
| **Transition Activities**: (Enter a numbered list of all activities to assist the student in achieving his/her long-term Community/Independent Living goal.) |
| 1. 2. |
| Person(s)/Agency Involved: |  |

**\*Transition Services: Consider these service areas:**

Vocational Evaluations (VE), Community Experiences (CE), Personal Management (PM), Transportation (T), Employment Development (ED), Medical (M), Postsecondary Education (PE), Living Arrangements (LA), Linkages to Agencies (LTA), Advocacy/Guardianship (AG), Financial Management (FM), and if appropriate, Functional Vocational Evaluation (FVE).

INDIVIDUALIZED EDUCATION PROGRAM

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| --- | --- | --- | --- |
| **STUDENT’S NAME:** |  | **DOB:** |  |
|  |
| Identify the area the MEASURABLE ANNUAL GOAL will address. The area may be an academic content area (e.g., math, science) and/or a functional area (e.g., community participation, behavior). For all students working on Alternate Achievement Standards (following the Alternate Achievement Standards pathway), each content area (e.g., reading, math, and functional skills) must be addressed. |
| **Area:** |  |
| **Present Level of academic achievement AND functional Performance:** State how the student’s disability affects his/her involvement and progress in the general education curriculum for this particular areaof instruction, or for preschool age students, how the disability affects the student’s participation in age- appropriate activities. |
|  |
|
|
| *(Link to Curriculum Guides) (Link to Alternate Achievement Standards)***MEASURABLE ANNUAL GOAL related to meeting the student’s needs:** Target the individual needs of the student resulting from the student’s disability and how the student’s disability affects his/her involvement and progress in the general education curriculum. Describe what a student can reasonably be expected to accomplish within one school year. |
|  |
| **Date of Mastery:** |  |  |
|  |
| **TYPE(S) OF EVALUATION FOR ANNUAL GOAL:** Check each type of evaluation that will be used to evaluate the MEASURABLE ANNUAL GOAL. (At least one must be chosen.) [ ] Curriculum Based Assessment [ ] Teacher/Text Test [ ] Teacher Observation [ ] Grades[ ] Data Collection [ ] State Assessment(s) [ ] Work Samples |
| [ ] Other:  |  | [ ] Other: |  |
|  |
| **BENCHMARKS:** Include at least two Benchmarks for students working on Alternate Achievement Standards or for students in public agencies that require Benchmarks. Benchmarks are required for all students working on Alternate Achievement Standards. This includes academic goals and functional goals, regardless of whether it is a testing year. |
| **1.** |  |  |  |
| Date of Mastery: |
| **2.** |  |  |  |
| Date of Mastery: |
| **3.** |  |  |  |
| Date of Mastery: |
| **4.** |  |  |  |
| Date of Mastery: |

**INDIVIDUALIZED EDUCATION PROGRAM**

|  |  |  |  |
| --- | --- | --- | --- |
| **STUDENT’S NAME:** |  | **DOB:** |  |

|  |
| --- |
| **Special Education and Related Service(s):** (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel.) |
| **Special Education**  |
| **Service(s)** | **Anticipated Frequency of Service(s)** | **Amount of time** | **Beginning/Ending Duration Dates** | **Location of Service(s)** |
|  |  |  | to |  |
|  |  |  | to |  |
|  |
| **Related Services** | [ ] Needed | [ ] Not Needed  |
| **Service(s)** | **Anticipated Frequency of Service(s)** | **Amount of time** | **Beginning/Ending Duration Dates** | **Location of Service(s)** |
|  |  |  | to |  |
|  |  |  | to |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Supplementary Aids and Services**  | [ ] Needed |  [ ] Not Needed  |  |
| **Service(s)** | **Anticipated Frequency of Service(s)** | **Amount of time** | **Beginning/Ending Duration Dates** | **Location of Service(s)** |
|  |  |  | to |  |
|  |  |  | to |  |

|  |  |  |
| --- | --- | --- |
| **Program Modifications** | [ ] Needed | [ ] Not Needed  |
| **Service(s)** | **Anticipated Frequency of Service(s)** | **Amount of time** | **Beginning/Ending Duration Dates** | **Location of Service(s)** |
|  |  |  | to |  |
|  |  |  | to |  |
|  |
| **Accommodations Needed for Assessments** | [ ] Needed | [ ] Not Needed  |
| **Service(s)** | **Anticipated Frequency of Service(s)** | **Amount of time** | **Beginning/Ending Duration Dates** | **Location of Service(s)** |
|  |  |  | to |  |
|  |  |  | to |  |

|  |  |  |
| --- | --- | --- |
| **Assistive Technology** | [ ] Needed | [ ] Not Needed  |
| **Service(s)** | **Anticipated Frequency of Service(s)** | **Amount of time** | **Beginning/Ending Duration Dates** | **Location of Service(s)** |
|  |  |  | to |  |
|  |  |  | to |  |

|  |  |  |
| --- | --- | --- |
| **Support for Personnel** | [ ] Needed | [ ] Not Needed  |
| **Service(s)** | **Anticipated Frequency of Service(s)** | **Amount of time** | **Beginning/Ending Duration Dates** | **Location of Service(s)** |
|  |  |  | to |  |
|  |  |  | to |  |

INDIVIDUALIZED EDUCATION PROGRAM

|  |  |  |  |
| --- | --- | --- | --- |
| **STUDENT’S NAME:** |  | **DOB:** |  |

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| --- |
| **TRANSFER OF RIGHTS** |
| (Beginning not later than the IEP that will be in effect when the student reaches 18 years of age.) |
| Date student was informed that the rights under the IDEA will transfer to him/her at the age of 19  |  |

|  |
| --- |
| **EXTENDED SCHOOL YEAR SERVICES (ESY)** |
|  The IEP Team has considered the need for extended school year services. | [ ] | Yes | [ ] | No |

|  |
| --- |
| LEAST RESTRICTIVE ENVIRONMENT  |
| Does this student attend the school (or for a preschool-age student, participate in the environment) he/she would attend if nondisabled? [ ]Yes [ ] No If no, explain:    |
| Does this student receive all special education services with nondisabled peers? [ ]Yes [ ] No If no, explain (explanation may not be solely because of needed modifications in the general curriculum):  |
| **[ ] 6-21 years of age [ ] 3-5 years of age**  |
| Least Restricted Environment:   |
|  |
| **COPY OF IEP** | COPY OF *SPECIAL EDUCATION RIGHTS* |
| Was a copy of the IEP given to parent/student (age 19) at the IEP Team meeting?  [ ] Yes [ ] No  | Was a copy of the *Special Education Rights* given to parent/student (age 19) at the IEP Team meeting?  [ ] Yes [ ] No  |
| If no, date sent: |  |  | If no, date sent: |  |  |

|  |  |  |
| --- | --- | --- |
| Date copy of **amended** IEP provided/sent to parent/student (age 19):  |  |  |

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

|  |  |  |
| --- | --- | --- |
| **Position**  | **Signature**  | **Date**  |
| Parent |  |  |
| Parent |  |  |
| General Education Teacher |  |  |
| Special Education Teacher |  |  |
| LEA Representative |  |  |
| Someone Who Can Interpret the Instructional Implications of the Evaluation Results |  |  |
| Student |  |  |
| Career/Technical Education Representative |  |  |
| Other Agency Representative |  |  |
|  |  |  |
|  |  |  |

**information from people not in attendance**

|  |  |  |
| --- | --- | --- |
| Position  | **Name**  | **Date**  |
|  |  |  |
|  |  |  |