

Check Purpose Initial
 Annual Review
 Reevaluation
 Addendum

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Duration of Special Education and Related Services: From: _____ To: _____

Student: _____ DOB: _____
 School: _____ Grade: _____

I. Area of Eligibility

- | | | |
|--|--|---|
| <input type="checkbox"/> Autistic | <input type="checkbox"/> Educable Mentally Disabled | <input type="checkbox"/> Specific Learning Disabled |
| <input type="checkbox"/> Behaviorally-Emotionally Disabled | <input type="checkbox"/> Severely/Profoundly Mentally Disabled | <input type="checkbox"/> Speech-Language Impaired |
| <input type="checkbox"/> Deaf-Blind | <input type="checkbox"/> Trainable Mentally Disabled | <input type="checkbox"/> Traumatic Brain Injured |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Orthopedically Impaired | <input type="checkbox"/> Developmentally Delayed |
| <input type="checkbox"/> Multihandicapped | <input type="checkbox"/> Other Health Impaired | <input type="checkbox"/> Visually Impaired |

A. Additional Area(s) of Need:

II. Consideration of Special Factors

A. Student's overall strengths:
 B. Parent's concerns, if any, for enhancing the student's education:

C. Special factors to be considered:
 Does the student have behavior(s) that impede his/her learning or that of others?
 Yes No
 Does the student have Limited English Proficiency?
 Yes No
 If the student is blind or partially sighted will the instruction in or use of Braille be needed?
 Yes No Does not apply

Does the student have any special communication needs?
 Yes No
 Is the student deaf or hard of hearing? (If yes, see Directions.)
 Yes No
 Does the student require assistive technology devices and / or services?
 Yes No

D. Other factors to be addressed:
 ___ Does the student require adapted physical education?
 Yes No
 ___ Is the student's age 14 or older, or will the student turn 14 during the duration of the IEP?
 Yes No
 If yes, transition services: ___ component attached ___ stated in the IEP
 ___ Has the student been informed of his/her own rights, if age 17 and older?
 Yes No Does not apply

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Student: _____ DOB: _____

School: _____ Grade: _____

Type of Service Related Services	Week or Month	Sessions Per: Reporting Period	Amount of Time Per Session	Location
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
() Other _____	_____	_____	_____	_____
() Transportation				
() None				

C. Placements: Check the placements considered by the committee, and circle the decision reached.

() School Age (K-21)

_____	_____
_____	_____
_____	_____
_____	_____

() Preschool After determining whether the child will attend a Regular Early Childhood Program (RECP), a Special Education Program, or no formal center-based program, select the placement under the category that best describes the child's special education services.

Regular Early Childhood Program 50% or more are non-disabled peers	Special Education Program 49% or less are non-disabled peers	No RECP or Special Education Program Primarily not center-based services
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. If the student will be removed from his/her non-disabled peers for any part of the day (regular class, extracurricular activities, non-academic activities), explain why.

Student will not be removed.

VI. Explain how and when parents will be informed of the student's progress toward annual goals:

VII. Extended School Year Status

- () Is not eligible for extended school year
- () Is eligible for extended school year
- () Eligibility is under consideration and will be determined by _____

