

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Format
School Age

IEP Team Meeting Date: _____

IEP Implementation Date (Projected Date when Services and Programs Will Begin): _____
Mo Day Yr

Anticipated Duration of Services and Programs _____
Mo Day Yr

Student Name: _____ DOB: _____ Age: _____

Grade: _____ Anticipated Year of Graduation: _____

School District: _____

Parent Name: _____

Address: _____

_____ Phone: (H) _____
(W) _____

County of Residence: _____ Other Information: _____

_____ Check, if the student doesn't reside with the parents and complete the attached residency form.

IEP TEAM/SIGNATURES*

The Individualized Education Program (IEP) Team makes the decisions about the student's program and placement. The student's parent(s), the student's regular teacher and a representative from the local education agency are required members of this team. A regular education teacher must also be included if the student participates, or may participate in, regular education. Signature on this IEP documents attendance, and not agreement.

| NAME (typed or printed) | POSITION (typed or printed) | SIGNATURE* |
|-------------------------|-------------------------------|------------|
| _____ | Parent | _____ |
| _____ | Parent | _____ |
| _____ | Student* | _____ |
| _____ | Regular Education Teacher | _____ |
| _____ | Special Education Teacher | _____ |
| _____ | Local Ed. Agency Rep. (Chair) | _____ |
| _____ | Vocational Technical Rep.** | _____ |
| _____ | Community Agency Rep.*** | _____ |
| _____ | I.U. #17 Supervisor | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

* The IEP team must invite the student if transition services are being planned or if the parents choose to have the student participate.

** As determined by the LEA as needed for transition services.

AGE WAIVER

The IEP Team must address the appropriateness of this IEP if the age range (3 years elementary level or 4 years at the secondary level) as described in Chapter 14.

PROCEDURAL SAFEGUARDS NOTICE

I have received a copy of the *Procedural Safeguards Notice*. The District has informed me whom to contact if I need more information.

Signature: _____ Date Received: _____

BLaST INTERMEDIATE UNIT #17 STUDENT RESIDENCY FORM
(TO BE COMPLETED IF STUDENT DOESN'T RESIDE WITH HIS/HER PARENTS).

_____ 1305 Foster Placement

_____ 1306 Group Home Placement

DATE OF BIRTH

STUDENT NAME

ENTRY DATE/DAY

WITHDRAWAL DATE/DAY

Natural Mother (or Father)

Name: _____

Address: _____

Telephone: _____

School
District: _____

Foster Parent or Group Home
If Group Home Contact
Person

Name: _____

Address: _____

Telephone: _____

School
District: _____

Name of Placing Agency

Address: _____

Contact Person or Case Worker:

Telephone: _____

- If a student is in a foster placement you will need a copy of the placing agency's "NOTIFICATION LETTER TO THE FOSTER PARENTS SCHOOL DISTRICT".

I. SPECIAL CONSIDERATIONS THE IEP TEAM MUST ADDRESS BEFORE DEVELOPING THE IEP

Is the Student Blind or Visually Impaired?

_____ No

_____ Yes – team must provide for instruction in braille and the use of braille unless the IEP Team determines, after an evaluation of the child’s reading and writing skills, needs and appropriate reading and writing media (including an evaluation of the child’s future needs for instruction in braille or the use of braille), that instruction in braille or the use of braille is not appropriate.

Is the Student Deaf or Hearing Impaired?

_____ No

_____ Yes – Team must consider the child’s language and communication needs, opportunities for direct communications with peers and professional personnel in the child’s language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child’s language and communication mode in the development of the IEP.

_____ COMMUNICATIONS.

_____ ASSISTIVE TECHNOLOGY, Devices and/or Services


_____ LIMITED ENGLISH PROFICENCY

_____ BEHAVIORS THAT IMPEDE HIS/HER LEARNING or that of OTHERS

_____ TRANSITION SERVICES

II. PRESENT LEVELS OF EDUCATIONAL PERFORMANCE

STUDENT'S PRESENT LEVELS OF EDUCATIONAL PERFORMANCE: (Addresses strengths, needs, and medical and health considerations).

A large, empty rectangular box with a thin black border, intended for the student's present levels of educational performance. It occupies the majority of the page's vertical space.

HOW THE STUDENT'S DISABILITY AFFECTS INVOLVEMENT AND PROGRESS IN GENERAL EDUCATION CURRICULUM (Include the child's strengths and needs which will affect the student's involvement and progress in the general curriculum):

An empty rectangular box with a thin black border, intended for describing how the student's disability affects their involvement and progress in the general education curriculum. It is positioned below the text prompt.

III.1 GOALS AND OBJECTIVES: (Use as many copies of this page as needed to plan appropriately).

MEASURABLE ANNUAL GOAL:

| |
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| SHORT TERM OBJECTIVE/BENCHMARK | EXPECTED LEVEL OF ACHIEVEMENT | METHOD OF EVALUATION |
|--------------------------------|-------------------------------|----------------------|
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REPORT OF PROGRESS ON ANNUAL GOALS

How goals will be measured: _____

How progress will be reported: _____

| 1 st | 2 nd | 3 rd | 4 th | OTHER IF APPLICABLE |
|-----------------|-----------------|-----------------|-----------------|---------------------|
| | | | | |

NOTE: Specially designed instruction may be listed with each goal/objective and/or listed in Section IV.

III.2 GOALS AND OBJECTIVES: (Use as many copies of this page as needed to plan appropriately).

MEASURABLE ANNUAL GOAL:

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| SHORT TERM OBJECTIVE/BENCHMARK | EXPECTED LEVEL OF ACHIEVEMENT | METHOD OF EVALUATION |
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REPORT OF PROGRESS ON ANNUAL GOALS

How goals will be measured: _____

How progress will be reported: _____

| 1 st | 2 nd | 3 rd | 4 th | OTHER IF APPLICABLE |
|-----------------|-----------------|-----------------|-----------------|---------------------|
| | | | | |

NOTE: Specially designed instruction may be listed with each goal/objective and/or listed in Section IV.

III.3 GOALS AND OBJECTIVES: (Use as many copies of this page as needed to plan appropriately).

MEASURABLE ANNUAL GOAL:

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| SHORT TERM OBJECTIVE/BENCHMARK | EXPECTED LEVEL OF ACHIEVEMENT | METHOD OF EVALUATION |
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REPORT OF PROGRESS ON ANNUAL GOALS

How goals will be measured: _____

How progress will be reported: _____

| 1 st | 2 nd | 3 rd | 4 th | OTHER IF APPLICABLE |
|-----------------|-----------------|-----------------|-----------------|---------------------|
| | | | | |

NOTE: Specially designed instruction may be listed with each goal/objective and/or listed in Section IV.

IV. SPECIAL EDUCATION/RELATED SERVICES:

A. PROGRAM MODIFICATIONS AND SPECIALLY DESIGNED INSTRUCTION: *(Specially designed instruction may be listed with each goal/objectives)*

B. RELATED SERVICES: List the services that the student needs in order to benefit from or access his/her special education program:

| Service | Location | Projected* Beginning Date | Frequency | Anticipated* Duration |
|---------|----------|------------------------------|-----------|--------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

** Included only if differs from IEP beginning and/or duration dates:*

C. SUPPORTS FOR SCHOOL PERSONNEL RELATED TO STUDENT'S NEEDS:

D. EXTENDED SCHOOL YEAR : The IEP Team has considered and discussed ESY services, and determined that:

IN STATE AND DISTRICT-WIDE ASSESSMENTS

STUDENT PARTICIPATION – STATE ASSESSMENTS

**This section applies to student's age/grade for the PSSA/PASA
(Reading, Math-grades 5, 8, 11; Writing-grades 6,9,11)**

_____ Student will participate in the PSSA without accommodations.

OR

_____ Student will participate in the PSSA with the following accommodations:

PSSA Reading(grades 5, 8, 11)

PSSA Math (grades 5, 8, 11)

PSSA Writing (grades 6, 9, 11)

OR

_____ Student will participate in the Pennsylvania Alternate System of Assessment (PASA).
(Effective beginning the 2000-01 school year, the alternate assessment in Pennsylvania is PASA).

If the IEP Team has determined it is not appropriate for the student to participate in the PSSA, the team must explain why the PSSA is not appropriate:

Choose how the student's performance on the PASA will be documented:

_____ Videotape (which will be kept confidential as all other school records.)

_____ Written Narrative (which will be kept confidential as all other school records.)

STUDENT PARTICIPATION – DISTRICT ASSESSMENTS

_____ Student will participate in the District assessments without accommodations.

OR

_____ Student will participate in the District assessments with the following accommodations:

OR

_____ If the IEP Team has determined that it is not appropriate for the student to participate in the district-wide assessment, they must explain why the assessment is not appropriate for the student and how the student will be assessed.

VI. LEAST RESTRICTIVE ENVIRONMENT (LRE)

EDUCATIONAL PLACEMENT (Type of Service, Type of Support, ex: Full-time learning support)

Explanation of the extent, if any, the student **will not participate** with non-disabled children in the regular class and in the general education curriculum.

Percentage of time the student receives special education outside of the regular education classroom.

- _____ Less than 21% outside of the regular education classroom
- _____ 21-60% outside of the regular education classroom
- _____ 61% or more outside of the regular education classroom

Location of Program _____

VII. COMMENTS/CONSIDERATIONS:

A. TRANSITION PLANNING

1. Will the student be 14 years of age or older during the term of this IEP?
2. Will the student be 16 years of age or older during the term of this IEP or is the student younger and in need of transition services as determined by the IEP Team?

_____ No – (Not necessary to complete this Section)

_____ Yes – Team must address and complete this Section

Student's course of study:

DESIRED POST-SCHOOL OUTCOMES: Define and project the desired post-school outcomes as identified by the student, parent and IEP team in the following areas. State how the service will be provided and person(s) responsible for coordinating these services.

| SERVICE | HOW SERVICE IS PROVIDED | PERSON RESPONSIBLE |
|-----------------------------------|-------------------------|--------------------|
| Post Secondary Education Training | | |
| Employment | | |
| Community Living | | |
| a)Residential | | |
| b)Participation | | |
| c)Recreational | | |

GRADUATION PLANNING CONSIDERATIONS: (if applicable)

STATEMENT OF COORDINATED TRANSITIONAL SERVICES AND ACTIVITIES NEEDED TO SUPPORT DESIRED POST-SCHOOL OUTCOMES:

The instructional areas should support the desired post-school outcomes. The following instructional areas should appear in the IEP as annual goals, short-term instructional objectives or benchmarks, and/or specially designed instruction. For example (if appropriate):

- Instruction and Related Services
- Community Experiences
- Acquisition of Daily Living Skills
- Functional Vocational Evaluation
- Adult Living

LINKAGES

List the agencies, which may provide services/support (before the student leaves the school setting):

| | |
|---------------------------|--------------|
| Agency Name | Phone Number |
| Responsibilities/Linkages | |
| Agency Name | Phone Number |
| Responsibilities/Linkages | |
| Agency Name | Phone Number |
| Responsibilities/Linkages | |
| Agency Name | Phone Number |
| Responsibilities/Linkages | |
| Agency Name | Phone Number |
| Responsibilities/Linkages | |

B. Does the Intermediate Unit have parental permission to release the student's educational records (IEP, CER health records, psychological data), to the agencies listed above upon request.

_____ NO

_____ YES (Parental signature required)

_____ PARENT/GUARDIAN SIGNATURE

_____ Date