

School District Name:

School District Address:

School District Contact Person/Phone #:

Individualized Education Program

IEP Dates: from _____ to _____

Student Name: _____ DOB: _____ ID#: _____ Grade/Level: _____

Parent and/or Student Concerns

What concern(s) does the parent and/or student want to see addressed in this IEP to enhance the student's education?

Student Strengths and Key Evaluation Results Summary

What are the student's educational strengths, interest areas, significant personal attributes and personal accomplishments?
What is the student's type of disability(ies), general education performance
including MCAS/district test results, achievement towards goals and lack of expected progress, if any?

Vision Statement: What is the vision for this student?

Consider the next 1 to 5 year period when developing this statement. Beginning no later than age 14,
the statement should be based on the student's preferences and interest,
and should include desired outcomes in adult living, post-secondary and working environments.

IEP 1

Individualized Education Program

IEP Dates: from _____ to _____

Student Name: _____ DOB: _____ ID#: _____

Present Levels of Educational Performance

A: General Curriculum

Check all that apply.

General curriculum area(s) affected by this student's disability(ies):

- English Language Arts Consider the language, composition, literature (including reading) and media strands.
- History and Social Sciences Consider the history, geography, economic and civics and government strands.
- Science and Technology Consider the inquiry, domains of science, technology and science, technology and human affairs strand.
- Mathematics Consider the number sense, patterns, relations and functions, geometry and measurement and statistics and probability strands.
- Other Curriculum Areas Specify: _____

How does the disability(ies) affect progress in the curriculum area(s)?

What type(s) of accommodation, *if any*, is necessary for the student to make effective progress?

What type(s) of specially designed instruction, *if any*, is necessary for the student to make effective progress?

Check the necessary instructional modification(s) and describe how such modification(s) will be made.

- Content:

- Methodology/Delivery of Instruction:

- Performance Criteria:

Use multiple copies of this form as needed.

IEP 2

Individualized Education Program

IEP Dates: from _____ to _____

Student Name: _____ DOB: _____ ID#: _____

Present Levels of Educational Performance

B: Other Educational Needs

Check all that apply.

General Considerations

- | | | |
|--|--|--|
| <input type="checkbox"/> Adapted physical education | <input type="checkbox"/> Assistive tech devices/services | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Braille needs (blind/visually impaired) | <input type="checkbox"/> Communication (all students) | <input type="checkbox"/> Communication (deaf/hard of hearing students) |
| <input type="checkbox"/> Extra curriculum activities | <input type="checkbox"/> Language needs (LEP students) | <input type="checkbox"/> Nonacademic activities |
| <input type="checkbox"/> Social/emotional needs | <input type="checkbox"/> Travel training | <input type="checkbox"/> Skill development related to vocational preparation or experience |
| <input type="checkbox"/> Other _____ | | |

Age-Specific Considerations

- For children ages 3 to 5 — participation in appropriate activities
- For children ages 14* (or younger if appropriate) — student's course of study
- For children ages 16 (or younger if appropriate) to 22 — transition to post-school activities including community experiences, employment objectives, other post school adult living and, if appropriate, daily living skills

How does the disability(ies) affect progress in the indicated area(s) of other educational needs?

What type(s) of accommodation, *if any*, is necessary for the student to make effective progress?

What type(s) of specially designed instruction, *if any*, is necessary for the student to make effective progress?

Check the necessary instructional modification(s) and describe how such modification(s) will be made.

- Content:
- Methodology/Delivery of Instruction:
- Performance Criteria:

Use multiple copies of this form as needed.

IEP 3

Individualized Education Program

IEP Dates: from _____ to _____

Student Name: _____ DOB: _____ ID#: _____

Current Performance Levels/Measurable Annual Goals

Goal #	Specific Goal Focus:
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Current Performance Level: What can the student currently do?

Measurable Annual Goal: What challenging, yet attainable, goal can we expect the student to meet by the end of this IEP period?
How will we know that the student has reached this goal?

Benchmark/Objectives: What will the student need to do to complete this goal?

Goal #	Specific Goal Focus:
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Current Performance Level: What can the student currently do?

Measurable Annual Goal: What challenging, yet attainable, goal can we expect the student to meet by the end of this IEP period?
How will we know that the student has reached this goal?

Benchmark/Objectives: What will the student need to do to complete this goal?

Progress Reports are required to be sent to parents at least as often as parents are informed of their nondisabled children's progress. Each progress report must describe the student's progress toward meeting each annual goal.

Use multiple copies of this form as needed.

IEP 4

Individualized Education Program

IEP Dates: from _____ to _____

Student Name: _____ DOB: _____ ID#: _____

Service Delivery

What are the total service delivery needs of this student?

Include services, related services, program modifications and supports (including positive behavioral supports, school personnel and/or parent training/supports). Services should assist the student in reaching IEP goals, to be involved and progress in the general curriculum, to participate in extracurricular/nonacademic activities and to allow the student to participate with nondisabled students while working towards IEP goals.

School District Cycle: 5 day cycle 6 day cycle 10 day cycle other:

A. Consultation (Indirect Services to School Personnel and Parents)

Focus on Goal #	Type of Service	Type of Personnel	Frequency and Duration/Per Cycle	Start Date	End Date

B. Special Education and Related Services in General Education Classroom (Direct Service)

Focus on Goal #	Type of Service	Type of Personnel	Frequency and Duration/Per Cycle	Start Date	End Date

C. Special Education and Related Services in Other Settings (Direct Service)

Focus on Goal #	Type of Service	Type of Personnel	Frequency and Duration/Per Cycle	Start Date	End Date

Use multiple copies of this form as needed.

