

# IEP Individualized Education Program

SST #13 2013

THIS IEP WILL BE IMPLEMENTED DURING THE REGULAR SCHOOL TERM UNLESS NOTED IN GENERAL FACTORS

## CHILD'S INFORMATION

NAME: 2013 Smart Sheet ID NUMBER: \_\_\_\_\_  
 STREET: \_\_\_\_\_ GENDER: \_\_\_\_\_ GRADE: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: OH ZIP: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_  
 DISTRICT OF RESIDENCE: \_\_\_\_\_ COUNTY OF RESIDENCE: \_\_\_\_\_  
 DISTRICT OF SERVICE: \_\_\_\_\_  
 Will the child be 14 years old before the end of this IEP? YES  NO   
(Changes content of Sections 4 and 5)  
 Is the child a ward of the state? YES  NO

## 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 BY 3rd BIRTHDAY? YES  NO   
(If transitioning from EI services)

## PARENTS' / GUARDIAN INFORMATION

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

## OTHER INFORMATION:

- Document the primary language spoken in the home
- Document attempts to get parent to attend the IEP meeting
- Document important information that needs to be "up front" (i.e. medical info)
- Justification for ESY could be recorded here or in Profile (Section 3)
- Information can be put either here or in the Profile (Section 3) but doesn't need to be in both
- Can write N/A

## IEP FORM STATUS

- (Check when complete)
- 1. FUTURE PLANNING
  - 2. SPECIAL INSTRUCTIONAL FACTORS
  - 3. PROFILE
  - 4. POSTSECONDARY TRANSITION
  - 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. MEETING PARTICIPANTS
  - 14. SIGNATURES

## 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
Put number	- Specifically describe summary of the changes agreed upon - Actual changes can be made in the body of the current IEP - This can be done without a face to face meeting - If you don't use this part of IEP, attach a page, or rewrite IEP - Give parent copy of the whole amended IEP	Date added	Parent signatures recommended, Teacher signatures also recommended (documents notification of changes)

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## 1 FUTURE PLANNING

- Based on **discussion with child and family** about child's future (coming year, life after graduation).
- For **younger children** the **emphasis is education** and **older children** on **postsecondary goals**.
- At Age 14+ there needs to be a **specific goal for post high school that is somewhat realistic** (i.e. If they don't become a pro basketball player)
- Summary statement about **student's skills and interests in relation to student's education and employment goals**.
- Can **not go to Due Process** over what is written in this section.
- This could be a **summary of conversations** held on transition

## 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 <input type="checkbox"/> | NO <input type="checkbox"/> |
| Does the child have limited English proficiency?                                       | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Is the child blind or visually impaired?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Does the child have communication needs (required for deaf or hearing impaired)?       | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Does the child need assistive technology devices and/or services?                      | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Does the child require specially designed physical education?                          | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

## 3 PROFILE

*must match ETR*

CHILD'S PROFILE:

- Information which is **NOT tied to a goal**.
- Summarize the **strengths** of the child,
- How the **disability affects progress in the general curriculum** (as compared to typical peers),
- **Background information,**
- **Parent's concerns,**
- Results of **state or district wide assessments,**
- Recent **Evaluations** of the child
- Academic, developmental and functional **needs** of the child
- Include **needs that were identified on the ETR but are not being addressed on this IEP and tell why** (i.e. prioritization, have met identified needs) they are not addressed in the IEP.
- For Preschool: Information about child's **developmental strengths** in adaptive behavior, communication, hearing, vision, sensory and motor functioning, social emotion and behavior and pre-academic skills
- Include information about **Assistive Technology and how it is being used.**
- **Justification for ESY** can be documented here or in the Other Information section on the front page
- Identify if student has a **Behavior plan** (and where it can be found), and if the student has needed **safeholds** in the past

*checklist can be found on SST13 website*

## 4 POSTSECONDARY TRANSITION

FOR 14 YEARS AND OLDER  
(or younger if appropriate)

A STATEMENT OF TRANSITION SERVICE NEEDS OF THE CHILD THAT FOCUSES ON THE CHILD'S COURSE OF STUDY

Child's current courses of study in middle school (i.e. vocational education, prerequisite courses, advanced placement...) Do Not list every

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course.

- Where the student is going globally (i.e. college prep, vocational).
- Proposed course of study based on the realistic post secondary goal
- Related services needs, that impede the student in getting to their realistic post secondary goal

FOR 16 YEARS AND OLDER  
(or younger if appropriate)

## AGE APPROPRIATE TRANSITION ASSESSMENTS

Summarize the results of the age-appropriate transition assessment data in the space below, indicating the source of the assessment(s) and the relevant information for transition planning

- i.e. Attendance, work experiences, job shadows, time on task, interest inventories, vocational evaluations, career surveys...
- Courses of study, strengths, what they need to learn to get to the place they want (Section 1 Future Planning vision)

## 5 POSTSECONDARY TRANSITION SERVICES

*don't say the student will do something (e.g. apply to college)*

### POSTSECONDARY EDUCATION AND TRAINING (optional for 15 and younger)

#### MEASURABLE POSTSECONDARY GOAL:

- Must be based on assessment information.
- If needs will be met through regular ed. curriculum, a measurable goal does not need to be written.
- Write in 3rd person as "Sally will...upon completion of High School".
- District is not responsible for ensuring goals are completed after student leaves IEP coverage - but there should be a good faith effort seen to align all course of study, transition activities/services, and annual goals to post secondary outcome.
- Clarification documents available at [www.nsttac.org](http://www.nsttac.org)

COURSES OF STUDY: in which the student receives instruction		NUMBERS OF ANNUAL GOAL(S)	
TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING DATE	ANTICIPATED DURATION	PERSON/AGENCY RESPONSIBLE
Services/activities needed to support goal. If in section 7 not needed		Frequency & Duration	NOT parent/student

### EMPLOYMENT (optional for 15 and younger)

#### MEASURABLE POSTSECONDARY GOAL:

COURSES OF STUDY: Services/Activities - should be what the district will do for the student		NUMBERS OF ANNUAL GOAL(S)	
TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING DATE	ANTICIPATED DURATION	PERSON/AGENCY RESPONSIBLE
i.e. job shadow, work experience, instruction. Add boxes if needed			
For each goal there should be 1. Instruction 2. Related service(s)			
3. Community experience(s) 4. Development of employment and oth			
post-school adult living objectives 5. if appropriate, daily			
living skill(s) 6. if appropriate, provision of a functional vocational			

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evaluation listed in association with meeting the postsecondary goal

## INDEPENDENT LIVING (as appropriate)

### MEASURABLE POSTSECONDARY GOAL:

Can say "no need for goal as there is no need for specially designed instruction outside the regular ed curriculum" - based on transition assessments

### COURSES OF STUDY:

If appropriate there will be information showing the need in this area which would appear either in the Profile or PLOP with a Measurable Goal.

### NUMBERS OF ANNUAL GOAL(S)

TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING DATE	ANTICIPATED DURATION	PERSON/AGENCY RESPONSIBLE

Target date for child to Graduate:

**6 MEASURABLE ANNUAL GOALS**

NUMBER: 1 AREA: academic content area or area of functioning

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Present levels/Baseline information for this prioritized area. Baseline information should read exactly like the goal (same criteria/mastery type, conditions, etc.) so that parents know where the student is starting off. Include how disability affects involvement and progress in regular ed. curriculum. Compare to same age peers. Should align with ETR. Include any Special factors from Section 2

MEASURABLE ANNUAL GOAL

- Accomplished in 12 months  
 - Aligned to content standards targeting skill set needed to achieve  
 - Contains 1. Who 2. will do what (clearly defined action) 3. to what level or degree (criteria AND mastery 3/5 days) 4. under what conditions (situation, setting or given material) behavior is performed, 5. in what length of time (end of IEP) 6. how will progress be measured (even though you check the box put it in wording)- include Ohio 6 elements

METHOD(S)

a,b or type in your own - Need data for all you choose

METHOD FOR MEASURING THE CHILD'S PROGRESS TOWARDS ANNUAL GOAL

- a. Curriculum Based Assessment
- b. Portfolios
- c. Observation
- d. Anecdotal Records
- e. Short-Cycle Assessments
- f. Performance Assessments
- g. Checklists
- h. Running Records
- i. Work Samples
- j. Inventories
- k. Rubrics

*Moving to 3 elements in future*

MEASURABLE OBJECTIVES

NUM	OBJECTIVE
1.1	- Plan for reaching annual goal and means of measuring progress towards those goals - to determine if progressing, or need to revise - Choose Benchmark or Objective from drop down above - Include all 6 elements like the Goal above - Goal may be something several disciplines would work on (Intervention specialist, SLP,OT...)

METHOD AND FREQUENCY FOR REPORTING THE CHILD'S PROGRESS TO PARENTS

- Written report
- Email
- Phone call
- Journal entry
- The child's progress will be reported to the child's parents each time report cards are issued
- Other concurrent with typical students (interims too)- Need BOTH frequency and method

Reported every  weeks

*Objective: breaks goal into step-by-step components*  
*Benchmark: what they will do in a certain time frame*

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.

*Ask what skills does the child need to master / access grade level content? in order*

*NOT about what curriculum s/he needs*

*NOT listing the Common Core standards*

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

TYPE OF SERVICE	GOAL(S) ADDRESSED	PROVIDER TITLE	LOCATION OF SERVICES
SPECIALLY DESIGNED INSTRUCTION: <i>should match areas for goals</i>			
Section #7 is a Synthesis of services -Be specific about what will be done - Include: -group size (small group, individual) -what the specialized instruction is ("prove your degree"), -how (i.e. repeated practice, modeling, multi-sensory approach), <i>Do not put names of programs (e.g. Corrective Reading)</i> -in what skill (i.e. oral reading, analysis of word structures..) -with what conditions (i.e. prior to presentation, __grade level). - For each new service - create a new set of boxes -Aide services/Consult services do NOT belong here- should be in support for school personnel	1	-Intervention specialist -only one provider per box unless co-teaching)  Time: should be only the Actual amount of direct service to the student, NOT the amount of minutes in a class.	- for each new setting make a new set of boxes to make it clear! - do not use vague language such as "all school settings", "may", "community based instruction", "and/or".  Can have trigger events that indicate increase/decrease of service - but clearly delineate
BEGIN: day after IEP signed	END:	AMOUNT OF TIME: minutes/hours	FREQUENCY: day/week/month

RELATED SERVICES:			
- Description of instruction like above in SDI -Developmental, corrective and other supportive services to benefit from special education - Attendant services can also appear as a related service - Each Service gets it's own box - new set of boxes for every new location, type of specially designed instruction, etc...	1,3	SLP	Regular Ed. Classroom  If classroom and pullout setting - put in 2 separate boxes to separate time, service, and frequency
BEGIN:	END:	AMOUNT OF TIME: minutes/hours	FREQUENCY: day/week/month

ASSISTIVE TECHNOLOGY:			
AT Devices: do not name the device, but instead the features the child needs i.e. Dynamic voice output communication device with a core vocabulary organization of 40 cells.... , keyboard with keyguard, joystick, etc.... - AT Services: evaluation, purchasing/providing for acquisition, selection/customizing AT devices, coordinating with other therapies/services, maintaining, training -Services i.e. Data collection on trials of various dynamic voice output communication devices, program leveling voice output communication device and develop overlays, scan books into scan and read program, obtain narrative text for books from online resources and save as a scan and read document, - Make sure this is marked in Sections #2 Special Factors and #3 Profile	← what we put into place to ensure devices are working well	who will prepare material, who will train whom, who will maintain	access to AT device during: ELA classes, all academic clauses, non instructional times (lunch recess), home for continued practice  i.e. access to at device during all writing activities in the ELA bell that are over 1 sentence of generated text needed, for independent reading assignments over 1 paragraph that are given to all students
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:

ACCOMMODATIONS:

*does NOT change level of material, just how they are presented or the way students respond*

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-Providing access to, but not altering the amount or complexity. - Be VERY specific - (i.e. scribe when written work is longer than 1 page, extended time not to exceed more than twice the allotted time for peers), NOT a laundry list - BE SURE to define/specify how much extended time - Testing accommodations should be done for ALL tests - This should match what is in section 12 - Should be linked to PLOP and or needs		Optional - Can be left blank	Who provides what and where  Do not use vague terms such as "when needed", "may", "should"	
BEGIN:	END:	AMOUNT OF TIME: N/A, or all classes	FREQUENCY: N/A, or all day	

**MODIFICATIONS:**

- Altering the content (decreasing amount or complexity). - For those with cognitive impairment, brain injury, multiply disabled - be very specific about what the modifications are - what kind, why, how/extent, when, who will make the modification		Optional	Do not use vague terms such as "when needed", "may", "should"	
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	

**SUPPORT FOR SCHOOL PERSONNEL:**

-Consultative services- when a service provider meets with a classroom teacher to review strategies/supports and progress - 1:1 Aide, most types of aide services - could be training, aide, resource materials, equipment - Every IEP should have some type of SDI and not just support for school personnel		Optional	List the personnel to receive this support, Title and name and who is giving the support	
BEGIN:	END:	AMOUNT OF TIME: Optional	FREQUENCY:	

**SERVICE(S) TO SUPPORT MEDICAL NEEDS:**

- Medical services the child needs to receive FAPE -Can include medications, or medical services (i.e. catheterization, feedings...) - EpiPen would be in Profile Section 3 - Not Here		Optional	Optional
BEGIN:	END:	AMOUNT OF TIME: Optional	FREQUENCY:

KEY:  OPTIONAL ENTRY  NOT REQUIRED

## 8 TRANSPORTATION AS A RELATED SERVICE

Does the child have needs related to their identified disability that require special transportation? YES  NO

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

If yes, check any transportation accommodations/modifications that are needed.

- The bus driver will be notified of the child's behavioral and/or medical concerns  
 Specially Adapted Vehicle       Wheelchair lift       Bus Aide  
 Securement Systems       Car Seat       Harness  
 Other      Specify: This is ONLY if a student needs special transportation to get FAPE

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

## 9 NONACADEMIC AND EXTRACURRICULAR ACTIVITIES

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

Describe

-Document opportunities to participate in non academic activities (i.e. recreational activities, special interest groups/clubs sponsored by the district, counseling services, athletics, ...  
 - If in IEP (i.e. office helper to help with socialization skills) it MUST happen  
 - If the parent wants to access one of the opportunities offered, the district must provide what ever they need to participate fully (i.e. interpreter...)

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

i.e. parent and child do not wish to participate

## 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"/> |
| The need for extended school year (ESY) services                                      |                              |                             |

- The team has determined that ESY services are not necessary.
- The team has determined that ESY services are necessary for the following Goals and Objectives or Benchmarks: List Goals and Objectives Numbers
- The team needs to collect further data before making a determination and will meet again by: Specify the date

*need to provide supporting data*

## 11 LEAST RESTRICTIVE ENVIRONMENT

Does this child attend the school (or for a preschool-age child, participate in the environment) he/she would attend if not disabled? YES  NO

If no, justify:

- JUSTIFY  
 -For preschool if already in a community preschool that would be LRE, if not enrolled in preschool it would be the school where the child would attend Kindergarten

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

If no, justify (justification may not be solely because of needed modifications in the general curriculum):

-The team considered delivery of services in the general ed. classroom, but determined that supplementary aids and services will not be sufficient for the student to make adequate progress in the general ed. classroom BECAUSE/WHY... Also include The student NEEDS....  
 -The student will participate in (lunch, gym, music, art, ....) with non disabled peers



## 12 STATEWIDE AND DISTRICT WIDE TESTING

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.

Will the child participate in classroom, district wide and state wide assessments with accommodations? YES  NO

Is the child to be excused from the consequences of not passing the Ohio Graduation Test (OGT)? YES  NO

The child is completing a curriculum that is significantly different than the curriculum completed by other children required to take the test. YES  NO

The child requires accommodations that are beyond the accommodations allowed for children taking state wide assessments. YES  NO

The child is excused from the consequences of not passing the OGT in the following subjects:

- Reading
- Mathematics
- Writing
- Social Studies
- Science

Met Testing Participation Requirement? YES  NO

Is the child participating in alternate assessment? YES  NO

Check when complete

## 13 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

POSITION	NAME	SIGNATURE
Student*	Only who attended ALL the meeting	
Parent		
Parent	Only the Magic 4 (*) need excusals	
District Representative*		
Intervention Specialist*		
General Education Teacher*		
Other Agency Representative		

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

POSITION	NAME	SIGNATURE	DATE
SLP - Attended part of the meeting	Must be excused if can't attend all meeting		date they
OT - excused	Excuse must be written, signed by parent		provide infor.
	prior to meeting		or date signed
			after meeting

IF THE REGULAR 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, A WRITTEN EXCUSE MUST BE ON FILE\*.

## 14 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: This can only be for an initial IEP /very first IEP. If not an initial and parents don't agree - Provide PR-01 and provide services

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

PARENTS' SIGNATURE: If parent refuses - can NOT provide services, send PR-01 \_\_\_\_\_

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

### ANNUAL REVIEW/REVIEW OTHER THAN 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: Provide PR-01 indicating disagreement and why team decided to do what they did

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

PARENTS' SIGNATURE: \_\_\_\_\_

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

### ANNUAL REVIEW/REVIEW OTHER THAN ANNUAL 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.\*\*

PARENTS' SIGNATURE: \_\_\_\_\_

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

\* This IEP serves as prior written notice if there is agreement.

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

### TRANSFER OF RIGHTS AT 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 and notice of the transfer of procedural safeguard rights under IDEA will take place on the child's 18th birthday.

YES  NO

CHILD'S SIGNATURE: Document that student was invited to the meeting \_\_\_\_\_

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

PARENTS' SIGNATURE: \_\_\_\_\_

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

### PROCEDURAL SAFEGUARDS NOTICE

A copy of the Procedural Safeguards Notice was given to the parents at the IEP Meeting.

YES  NO

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

### COPY OF THE IEP

A copy of the IEP was given to the parents at the IEP meeting.

YES  NO

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

