

IEP Individualized Education Program

New School

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

CHILD'S INFORMATION

NAME: K.D. ID NUMBER: _____
STREET: _____ GENDER: _____ GRADE: 5
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

PARENTS' / GUARDIAN INFORMATION

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

MEETING INFORMATION

MEETING DATE: May 22, 2008
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)

OTHER INFORMATION:

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

1 FUTURE PLANNING

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 NO
- Does the child have limited English proficiency? YES NO
- Is the child blind or visually impaired? YES NO
- Does the child have communication needs (required for deaf or hearing impaired)? YES NO
- Does the child need assistive technology devices and/or services? YES NO
- Does the child require specially designed physical education? YES NO

3 PROFILE

CHILD'S PROFILE:

K.D. is 12 years old and in fifth grade. She has received special education and related services since she was three years old. She is assigned to a fifth-grade home room and receives specially designed instruction in the resource room. She participates in the fifth-grade social studies and science classes with a modified curriculum and support from a teaching assistant. She also participates in the regular physical education program.

K.D. has an adequate functional vocabulary to convey her wants and needs and uses natural facial and nonverbal gestures to communicate. However, her speech is unintelligible a majority of the time. She receives speech and language therapy as a related service.

K.D. likes people and enjoys interacting with her peers and adults. She enjoys acting out favorite movies and cartoons and playing board games. She loves looking at books and listening to music. She also enjoys swimming.

K. D. is neat and orderly. She works at jobs she enjoys. She is self-directed and independent. She gets around familiar locations including her school, home and neighborhood without any difficulty. She solves routine environmental problems when a model for handling the situation is practiced and role-played. She comprehends the literal meaning of what she reads and uses visuals to enhance her comprehension.

K.D. lacks age-appropriate skills. K.D. has difficulty transitioning from activity to activity. She wants to keep working on a task when allotted time has elapsed and cries when told she will have time to return to the task later. At times she refuses to comply with adult requests. However, given time and behavioral choices, she will eventually respond appropriately. She also has difficulty expressing and labeling her feelings correctly.

K.D. benefited from the following accommodations:

- Step-by-step directions,
- Hand-on experiences,
- Use of manipulatives,

- Visual supports, and
- The opportunity to demonstrate her knowledge through practical applications.

K.D. participated in Ohio's Alternate Assessment for Students with Disabilities (AASWD) in fourth grade. K.D. performed as follows:

Reading: advanced
Writing: accelerated
Mathematics: advanced

4 POSTSECONDARY TRANSITION

Transition and Postsecondary Goal information is optional for students who are less than 14 years of age during the term of the IEP. Click the button at the right to show the Transition Form.

Show Transition

5 POSTSECONDARY TRANSITION SERVICES

6 MEASURABLE ANNUAL GOALS

NUMBER: 1 AREA: English Language Arts

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

K.D. cannot decode words quickly or automatically and relies heavily on her sight word vocabulary. K.D. can read 100/220 of the Dolch sight words. She can read sight words and comprehends stories that are written at a second grade readability level as measured by the Fry Readability Test. K.D. showed a growth rate of 1.5 words per week on the Dolch sight words during the last school year. Students are expected to demonstrate fluent oral reading, using sight words and decoding skills by the end of third grade. Fifth graders are expected to use word origins to determine the meaning of unknown words and phrases. K.D.'s reliance on sight words affects her comprehension of written text in all academic content areas.

MEASURABLE ANNUAL GOAL

Given the Dolch sight words both visually and with text at K.D.'s instructional level (2nd grade readability), K.D. will be able to read 175/220 words with 100% accuracy by the end of the school year.

METHOD(S)

a, e, h

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

MEASURABLE BENCHMARKS

NUM	BENCHMARK	DATE OF MASTERY
1.1	Given the Dolch sight words presented both visually and with text , K.D. will be able to match 175/220 words with the appropriate text with 80% accuracy in four out of five trials by the end of the first grading period.	October 29, 2010
1.2	Given the Dolch sight words and visual prompts, K.D. will read 160/220 words correctly by the end of the third grading period	March 19, 2010
1.3	Given the list of 220 Dolch sight words presented both visually and with text, K.D. will match the the words with the text 100% of the time by the end of the school year.	June 2, 2010

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 - Every 9 weeks
- Other Weekly bar graphs of progress towards goal

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.

6 MEASURABLE ANNUAL GOALS

NUMBER: 2 AREA: English Language Arts

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

K. D. comprehends the literal meaning of what she has read when using second-grade content reading material and answers "who?," "what?," "when?," and "where?" questions about a story with 80% accuracy. She cannot answer "why?" or "what will happen next?" questions. She needs to be able to predict and infer. This affects her progress in the general education curriculum because fifth grade children are expected to answer literal, inferential and evaluative questions to demonstrate comprehension of grade-appropriate print texts and electronic and visual media and to make predictions and inferences based on information in texts.

MEASURABLE ANNUAL GOAL

Given a reading sample of second grade content material, K.D. will make inferences by answering "why" or "what will happen next" questions with 80% accuracy in four out of five trials by the end of the year.

METHOD(S)

a, h, i

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

MEASURABLE OBJECTIVES

NUM	OBJECTIVE
2.1	Given a story from a second grade reading text with pictures arranged in appropriate sequence and a "what will happen next?" and a "why?" question with two responses for each question, K.D. will choose the response that best answers each question in four out of five trials.
2.2	Given a series of pictures with written text from a story K.D. has read, K.D. will arrange the pictures in the appropriate sequence to determine the correct answers for "what happens next?" and "why?" questions throughout the story in four out of five trials.
2.3	Given a story board with sentence strips of a story she has read, K.D. will arrange the sentences in the appropriate sequence to retell the story demonstrating "what will happen next?" and "why?" it is happening in four out of five trials.
2.4	Given second-grade reading material supported with visuals and "why?" or "what will happen next?" questions with two responses for each question, K.D. will independently choose the response that best answers the questions in four out of five trials.

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

- Written report
- Email
- Phone call
- Journal entry - Weekly
- The child's progress will be reported to the child's parents each time report cards are issued - Every 9 weeks
- Other

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.

7 DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES

TYPE OF SERVICE	GOAL(s) ADDRESSED	PROVIDER TITLE	LOCATION OF SERVICES
-----------------	-------------------	----------------	----------------------

SPECIALLY DESIGNED INSTRUCTION:

Direct, intensive instruction in basic reading skills including learning the Dolch sight words, phonics and decoding words, and vocabulary development. Direct instruction in using comprehension strategies including answering "why?" and "what will happen next?" questions.	Goal 1 & 2	Intervention Specialist	Resource Room
BEGIN: August 25, 2009	END: June 2, 2010	AMOUNT OF TIME: 100 minutes	FREQUENCY: Weekly

Reinforce vocabulary development through peer assisted sight word activities using visual prompts.	Goal 1	Regular Education Teacher	Regular Education Classroom
BEGIN: August 25, 2009	END: June 2, 2010	AMOUNT OF TIME: 30 minutes	FREQUENCY: Weekly

RELATED SERVICES:

Individual therapy that focuses on articulation skills and receptive and expressive language development.	Goal 1 & 2	Speech and Language Pathologist	Speech Therapy Room
BEGIN: August 25, 2009	END: June 2, 2010	AMOUNT OF TIME: 100 minutes	FREQUENCY: Weekly

ASSISTIVE TECHNOLOGY:

BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:

ACCOMMODATIONS:

K.D. will be provided the following in all classes: Visual clues to accompany reading assignments. Extended time for completing assignments or tests (not to exceed one additional day). Peer buddy to assist with vocabulary practice in the regular fifth -grade class. Reading important information,including tests, aloud to K.D. Small group administration of tests. Alternate means for demonstrating knowledge and skills in all subject areas. Support from the teaching assistant while in the regular education classroom for social studies and science.			
BEGIN: August 25, 2009	END: June 2, 2010	AMOUNT OF TIME:	FREQUENCY:

MODIFICATIONS:

Reading materials will be provided at K.D.'s instructional level. Modified curriculum for English Language Arts, mathematics, social studies and science to focus on the acquisition of functional life skills.			
BEGIN: August 25, 2010	END: June 2, 2010	AMOUNT OF TIME:	FREQUENCY:

IEP Individualized Education Program

CHILD'S NAME: K.D.

SUPPORT FOR SCHOOL PERSONNEL:

BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:

SERVICE(S) TO SUPPORT MEDICAL NEEDS:

BEGIN:	END:	AMOUNT OF TIME:	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: _____

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

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

10 GENERAL FACTORS

HAS THE IEP TEAM CONSIDERED:

- The strengths of the child? YES NO
- The concerns of the parents for the education of the child? YES NO
- The results of the initial or most recent evaluations of the child? YES NO
- As appropriate, the results of performance on any state or district-wide assessments? YES NO
- The academic, developmental, and functional needs of the child? YES NO

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: _____
- The team needs to collect further data before making a determination and will meet again by: _____

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

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):

Resource room where a small class and limited distractions provide the opportunity for intensive and direct instruction.

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

Met Testing Participation Requirement? YES NO

Is the child participating in alternate assessment? YES NO

Justify the choice of alternate assessment and address why it is appropriate:

K.D. is completing a curriculum that is modified substantially by the IEP, her instruction focuses on the application of state standards through essential life skills and she requires instruction multiple levels below her fifth-grade level.

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*		
Parent		
Parent		
District Representative*		
Intervention Specialist*		
General Education Teacher*		
Other Agency Representative		

PEOPLE NOT IN ATTENDANCE WHO PROVIDED INFORMATION AND RECOMMENDATIONS

POSITION	NAME	SIGNATURE	DATE

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: _____

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

PARENTS' SIGNATURE: _____ 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: _____

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.

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: _____