

**Enter District Name Here**  
**Individual Education Program (IEP)**

Date: \_\_\_\_\_

Review Date: \_\_\_\_\_

Student: \_\_\_\_\_  
Last      First      Middle

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Student ID# \_\_\_\_\_

Disability: \_\_\_\_\_

<b>Education Performance Areas Assessed</b>	<p><b>Present Levels of Performance including how the disability affects the student's involvement and progress in the general curriculum</b>          (For preschool children include the effect on participation in appropriate activities;          For students aged 14, or younger if appropriate, a statement of transition needs is included; and          For students aged 16, or younger if appropriate, a statement of transition services and interagency linkages is included.)</p>
<b>Communication Status</b>	<input type="checkbox"/> Performance commensurate with similar age peers
<b>Academic Performance</b>	<input type="checkbox"/> Performance commensurate with similar age peers
<b>Health, Vision, Hearing, Motor Abilities</b>	<input type="checkbox"/> Not an area of concern at this time
<b>Social and Emotional Status</b>	<input type="checkbox"/> Performance commensurate with similar age peers
<b>General Intelligence</b>	<input type="checkbox"/> Performance commensurate with similar age peers
<b>Transition Needs</b>	<input type="checkbox"/> Instruction <input type="checkbox"/> Related services <input type="checkbox"/> Community experiences <input type="checkbox"/> Employment <input type="checkbox"/> Daily Living Skills <input type="checkbox"/> Post School Adult Living Objectives <input type="checkbox"/> Functional Vocational Evaluation
<b>Functional Vision/Learning Media Assessment</b>	<input type="checkbox"/> Performance commensurate with similar age peers

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Date of ARC: \_\_\_\_\_

**Consideration of Special Factors for IEP Development:**

- Does the child's behavior impede his/her learning or that of others?  Yes  No If yes, include appropriate strategies, such as positive behavioral interventions and supports in the statement of devices and services below.
- Does the child have limited English proficiency?  Yes  No. If yes, what is the relationship of language needs to the IEP?
- Is the child blind or visually impaired?  Yes  No If yes, the IEP Team must consider:
  - Is instruction in Braille needed?  Yes  No
  - Is use of Braille needed?  Yes  No
  - Will Braille be the student's primary mode of communication?  Yes  No (See evaluation data for supporting evidence.)
- Does the child have communication needs?  Yes  No. If yes, what are they?

\_\_\_\_\_  
\_\_\_\_\_

- Is the child deaf or hard of hearing?  Yes  No. If yes, the IEP Team must consider:
  - The child's language and communication needs; Describe:  
\_\_\_\_\_
  - Opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level and full range of needs; Describe:  
\_\_\_\_\_
  - Any necessary opportunities for direct instruction in the child's language and communication mode. Describe:  
\_\_\_\_\_
- Are assistive technology devices and services necessary in order to implement the child's IEP? (include instruction in Braille)  Yes  No. **If yes, indicate below.**

Statement of devices/services to be provided to address the above special factors (such as an intervention plan; accommodations; other program modifications)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Date of ARC: \_\_\_\_\_

**Measurable Annual Goals and Benchmarks/Short-term Instructional Objectives for IEP and Transition Activities**

Annual Measurable Goal: \_\_\_\_\_

	Review of Progress of Annual Goal								Date Progress Report Sent to Parent		
	1st	2nd	3rd	4th	5th	6th	7th	8th			
									1 <sup>st</sup> reporting period:		
<u>Methods of Evaluation*</u>									2 <sup>nd</sup> reporting period:		
<u>Reports of Progress**</u>									4 <sup>th</sup> reporting period:		
<u>Goal Anticipation***</u>									5 <sup>th</sup> reporting period:		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>*Methods of Evaluation</b></p> <ol style="list-style-type: none"> <li>1. Standard tests</li> <li>2. Teacher-made tests</li> <li>3. Teacher observations</li> <li>4. state and/or district assessments</li> <li>5. Progress Data</li> <li>6. Other: _____</li> <li>7. Other: _____</li> </ol> </td> <td style="width: 50%; vertical-align: top;"> <p><b>**Report of Progress</b></p> <ol style="list-style-type: none"> <li>1. No progress made</li> <li>2. Very little progress being made towards goal</li> <li>3. Some progress being made towards goal</li> <li>4. Goal has been met</li> <li>5. Other: _____</li> </ol> <p><b>***Goal Anticipation</b></p> <p><b>YES</b> Anticipate meeting goal by IEP annual review, or</p> <p><b>NO</b> Do not anticipate meeting goal by IEP annual review.</p> </td> </tr> </table>									<p><b>*Methods of Evaluation</b></p> <ol style="list-style-type: none"> <li>1. Standard tests</li> <li>2. Teacher-made tests</li> <li>3. Teacher observations</li> <li>4. state and/or district assessments</li> <li>5. Progress Data</li> <li>6. Other: _____</li> <li>7. Other: _____</li> </ol>	<p><b>**Report of Progress</b></p> <ol style="list-style-type: none"> <li>1. No progress made</li> <li>2. Very little progress being made towards goal</li> <li>3. Some progress being made towards goal</li> <li>4. Goal has been met</li> <li>5. Other: _____</li> </ol> <p><b>***Goal Anticipation</b></p> <p><b>YES</b> Anticipate meeting goal by IEP annual review, or</p> <p><b>NO</b> Do not anticipate meeting goal by IEP annual review.</p>	6 <sup>th</sup> reporting period:
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									7 <sup>th</sup> reporting period:		
									8 <sup>th</sup> reporting period:		

<b>Benchmarks/Short-Term Instructional Objectives and Specially Designed Instruction</b>	
Benchmarks/Objectives	Specially Designed Instructions
1.	
2.	
3.	
4.	

Name: \_\_\_\_\_

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Specially Designed Instruction in P.E.: Does the student require specially designed P.E.?  Yes  No.  
If yes, document as specially designed instruction.

A statement of supplementary aids and services, if any, to be provided to the child or on behalf of the child:

### Individual Modifications in the Administration of Assessments and in the Classroom

In order to justify appropriateness of accommodations for any state mandated tests, the testing accommodations must be used consistently as part of routine instruction and classroom assessment as well as meet all additional requirements established by the ***Inclusion of Special Populations in the State-Required Assessment and Accountability Programs, 703 KAR 5:070*** document.

- |   |   |  |   |                                       |
|---|---|--|---|---------------------------------------|
| <input type="checkbox"/> Readers          | <input type="checkbox"/> Scribes              | <input type="checkbox"/> Paraphrasing  | <input type="checkbox"/> Reinforcement and behavior modification strategies |                                       |
| <input type="checkbox"/> Prompting/cueing | <input type="checkbox"/> Use of technology    | <input type="checkbox"/> Manipulatives | <input type="checkbox"/> Braille  | <input type="checkbox"/> Interpreters |
| <input type="checkbox"/> Extended time    | <input type="checkbox"/> Other: specify _____ |  |   |                                       |

Student has been determined eligible for participation in the alternative portfolio assessment. The reasons for this decision are:  
\_\_\_\_\_

Program Modifications/Supports for School Personnel that will be provided for the child:

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Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Date of ARC: \_\_\_\_\_

**LRE and General Education:** Explain the extent, if any, to which the student will not participate in:

regular classes (content area): \_\_\_\_\_

<b>Special Education and Related Services:</b>																					
Type of Service*	Anticipated Frequency of Service	Anticipated Duration Of Service			Location of Services**																
		Amount of Time	Beginning Date/Ending Date																		
<p>*Type Of Service:</p> <table border="0"> <tr> <td>1. Special Education</td> <td>8. Counseling</td> </tr> <tr> <td>2. Speech Language Pathology</td> <td>9. Orientation &amp; Mobility</td> </tr> <tr> <td>3. Audiology</td> <td>10. School Health Services</td> </tr> <tr> <td>4. Psychological</td> <td>11. Social Work</td> </tr> <tr> <td>5. Physical Therapy</td> <td>12. Parent Counseling &amp; Training</td> </tr> <tr> <td>6. Occupational Therapy</td> <td>13. Transportation</td> </tr> <tr> <td>7. Recreation</td> <td>14. Instruction In Braille</td> </tr> <tr> <td></td> <td>15. Other: _____</td> </tr> </table>					1. Special Education	8. Counseling	2. Speech Language Pathology	9. Orientation & Mobility	3. Audiology	10. School Health Services	4. Psychological	11. Social Work	5. Physical Therapy	12. Parent Counseling & Training	6. Occupational Therapy	13. Transportation	7. Recreation	14. Instruction In Braille		15. Other: _____	<p>**For location use code for continuum of services:</p> <ol style="list-style-type: none"> <li>regular class</li> <li>resource room/special class</li> <li>special schools (KSD,KSB)</li> <li>home instruction</li> <li>hospital and institutions</li> <li>other: _____</li> <li>other: _____</li> </ol>
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**How were the student's preferences and interests considered? (Check all that apply)**

- Student Interview   
  Student Survey   
  Student Portfolio   
  Vocational Assessments   
  Interest Inventory  
 Parent Interview   
  Other:

**Transition Services Needs (Beginning at age 14, or younger)**

**Needs Related to the Course of Study**

Has Individual Graduation Plan (IGP) been developed:

- Yes.  
 No. If no, do not proceed with development of IEP until IGP is developed.

**Transition Services (Beginning at age 16, or younger if appropriate)**

**Desired Post School Outcomes/Services  
(Check those which apply)**

- Employment
- Competitive
  - Supported
  - Military

- Living Arrangements
- Independent Living
  - Supported
  - Unsupported?
  - Group Home
  - Parents or Relative

- Post-Secondary
- Community College
  - Technical College
  - University

- Community Participation
- Supported
  - Unsupported

**Required Transition Services Including Statement of Interagency Linkages and Responsibilities**

Agency Responsibilities	Agency Responsible

If applicable, One year before the student reaches age 18 the student and parent have been informed of the student's rights under Part B of the Individuals with Disabilities Education Act, if any, that will transfer on reaching the age of majority. Date Informed: \_\_\_\_\_