



Form 5 - Individualized Education Program (IEP)

School District: _____ Annual Meeting Date: ____/____/____

IEP Case Manager: _____ Effective date of Revision: ____/____/____

Next 3-year Re-evaluation Date: ____/____/____ Next Annual Review Date: ____/____/____

Student/Child's Name: _____ Date of Birth: ____/____/____

Disability Category: _____ Child Count ID #: _____

School or Program: _____ Grade Assigned: _____

Parent/Guardian: _____ Telephone #: _____

Address: _____

Initiation and Duration of the IEP: _____/____/____ to _____/____/____

_____/____/____ to _____/____/____

Initiation and Duration of Extended Year: _____/____/____ to _____/____/____

Required IEP Team Members	Printed Name/Position/Agency (check box if in attendance)
Name:	<input type="checkbox"/> Parent(s)/Guardian/Surrogate/Adult Student (circle one)
Name:	<input type="checkbox"/> Student (when appropriate)
Name:	<input type="checkbox"/> Local Education Agency (LEA) Representative
Name:	<input type="checkbox"/> Special Education Teacher or Service Provider
Name:	<input type="checkbox"/> General Education Teacher
Name:	<input type="checkbox"/> Individual who can interpret the instructional implications of evaluation results
Name:	<input type="checkbox"/> Individual who can conduct diagnostic Examinations (SLD requirement)

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Others with knowledge of the child*	Position/Agency
Name:	<input type="checkbox"/>
Name:	<input type="checkbox"/>
Name:	<input type="checkbox"/>

***Including individuals for Part C Early Intervention or Post-Secondary Transition Planning**

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Individualized Education Program Present Levels of Educational and Functional Performance

Student Name: _____ IEP Meeting Date: ____/____/____

This section should provide a concise overview of student's current skills and serve as the basis of the student's program for the upcoming year. Describe **the student's present levels of educational performance including the student's functional performance, abilities, acquired skills and strengths relative to standards and/or grade level expectations**. Briefly highlight how the disability affects the student's involvement and progress in the general curriculum or, for preschool children, participation in age appropriate activities. As appropriate, address the following areas.

DISABILITY/IMPACT ON STUDENT LEARNING: *(Identify the disability and areas of impact, e.g academic, social-emotional, behavioral)*

MEDICAL: *(Health, vision, hearing, or other medical issues)*

STUDENT STRENGTHS: *(Academic, social-emotional, personal interests, perceptual-motor, communication, environment)*

STUDENT NEEDS: *(Academic, social-emotional, perceptual-motor, communication, environment)*

OTHER CONSIDERATIONS: *(Areas to consider that could enhance the child's education: safety/health; future, opportunity for additional student or family input, mobility, transportation, disability awareness, self-advocacy needs)*

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IEP for _____ IEP Meeting Date: ____/____/____

Present Level of Educational/Functional Performance for the Area of:

_____ Standardized Test Results:

Current Classroom Level of Educational Performance:

Current Classroom Level of Functional Performance:

Grade Expectation for Educational/Functional Performance:

Measurable annual goals, short-term Objectives, Benchmarks, Evaluation Procedures and Personnel Responsible	Progress Review Dates/Code

Progress Review Dates Code: **A** – Achieved the goal/objective as written; **S** – Sufficient progress on objective is being made; likely to achieve this goal; **E** – Emerging progress on the objective, continuing to work towards the goal; **N** – Objective/goal not yet introduced

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IEP for _____ IEP Meeting Date: ____/____/____

Measurable annual goals, short-term Objectives, Benchmarks, Evaluation Procedures and Personnel Responsible	Progress Review Dates/Code

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Individualized Education Program Post Secondary Transition Plan, Page One

Student Name: _____ IEP Meeting Date: ____/____/____
 Current Grade Level: _____ Expected Date of Graduation: ____/____/____

Evidence of involving student & related agencies: *Example- student was invited by case manager on 2/2; Voc rehab counselor was invited via phone on 2/2.*

Age Appropriate Transition Assessments performed *(State the assessment and date, then identify the student's preferences, interests, strengths and needs then link that information to post secondary goals.) See NSTTAC case studies for specific examples.*

Definitions-

Measurable Post Secondary Goals- *A post secondary goal is a statement of the desired outcome for the student after leaving high school.*

Measurable Annual Transition Goals- *Goals that address the skills that the student will be focusing on during the life of the annual IEP in order for the student to reach his/her post secondary goals.*

Education and Training (Required)

Post Secondary Goal(s) for Education and Training (Required):

Example- After graduation from high school, student will enroll at XYZ College (a technical school) and take a business math class to improve his work related math skills and to advance his career in business.

Annual Transition Goal(s) for Education and Training (Required):

Example- Given direct instruction in the high school Business Math course and guided practice, student will (a) use an adding machine, and (b) create spreadsheets using money management software with 85% accuracy throughout the Spring semester of this IEP.

Sample - Progress Review Dates

10-31	11-5	3-30	6-22

Blank sample of Progress Review Dates

List Transition Services related to Education and Training: *Examples- job shadow experiences, visit college campus, meet with student support office at college*



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Employment (Required)

Post Secondary Goal(s) for Employment (Required):

Example- After finishing high school student will increase his work hours from 10 hours per week to 20 hours per week in the business department of a local office supply store with temporary supports provided through Vocational Rehabilitation.

Annual Transition Goal(s) for Employment (Required):

Example- Given whole task instruction using a task analysis and a weekly work schedule, Alex will follow the steps necessary to complete a time sheet of the hours worked at his community-based vocational training site with 90% accuracy for the duration of his IEP.

Sample - Progress Review Dates

10-31	11-5	3-30	6-22

Blank sample Progress Review Dates

List Transition Services related to Employment: Examples-social skills training, on the job safety instruction, community based instructional experiences, work based instruction

Independent Living (as appropriate)

Post Secondary Goal(s) for Independent Living: Example- After graduating high school, student will travel to and from work using the public transportation system with time-limited supports of a job coach or transition service provider.

Annual Transition Goal(s) for Independent Living:

Example- Given direct instruction and guided practice, student will identify which public has route she will need to ride in order to get from her house to the grocery store, target and community college 4 out of 4 opportunities by April of 2009.

Progress Review Dates

10-31	11-5	3-30	6-22

List Transition Services related to Independent Living: Examples-social skills training, travel training, community based instructional experiences

Course(s) of Study: A description of coursework to achieve the student's desired post-school goals, from the student's current to anticipated exit year. **Requirement:** List the course(s) of study needed to assist the student in reaching his/her post secondary goals or attach a list of courses. Course of study may also be listed in a narrative format.

Describe the Coordinated Interagency Linkages and Responsibilities (services provided or paid for from another agency and a timeline for completion):

If the student will be reaching age 17 during the duration of this IEP, he/she and their parents must have been notified, in writing, that parental rights will transfer to the student upon reaching the age of 18.

Yes **If not completed in writing, please specify how they were notified:**



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Individualized Education Program Multi-Year Plan (Alternative Credit Accrual Plan)

This document is no longer in use.

Please see the current form titled Proficiency-Based Graduation Requirements Access Plan.



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Individualized Education Program Special Education Services, Related Services, Consent to Bill Medicaid

Student Name: _____ IEP Meeting Date: ____/____/____

Special Education Services	Init Date	End Date	Freq	Time	Location	Provider	Group Size
<i>Reading Comprehension</i>	4-28 2010	4-27 2011	5x wk	30 min	Resource Room	Special Educator	Sm Group
<i>(For EEE, one or more of the five domains)</i>							
<i>Cognitive Development</i>	4-28 2010	4-27 2011	3x wk	20 min	Early Childhood Program	Essential Early Educator	1:1

Related Services	Init Date	End Date	Freq	Time	Location	Provider	Group Size
<i>Speech Therapy</i>	4-28 2010	6-18 2010	2x	30 min	Therapist's Room	SLP	1:1

Transition Services	Init Date	End Date	Freq	Time	Location	Provider	Group Size
<i>Job Coach</i>	8-27 2010	4-27 2011	5x	120 min	Community Employment	Paraeducator	1:1

Extended School Year Services	Init Date	End Date	Freq	Time	Location	Provider	Group Size
<i>Reading Comprehension</i>	7-6 2010	8-5 2010	3x	30 min	Resource Room	SLP	1:1



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Parental Consent to Bill Medicaid: For parents and legal guardians who have signed a Release of Information form, the school district is authorized to bill Medicaid for the services listed in this Individualized Education Program and to release any necessary special education records to a physician/nurse practitioner in order for them to reach a determination that the services are medically necessary. Release of information is also granted to Agency of Education and Human Services personnel charged with processing Medicaid billing for those IEP services that are also considered medical services under Vermont Medicaid rules. This consent will remain in effect until consent is revoked or until the student reaches the age of 18 (at which time consent must be obtained from the student) or when the student graduates. Refusal to consent does not affect the school district’s responsibility to provide these services to the student at no cost to the family. I understand that I may revoke consent at any time and when I revoke consent it will apply to billing for any services from that date forward.

Individualized Education Program

Educational Environment/Placement, Accommodations/Modifications for Assessments

Student Name: _____ **IEP Meeting Date:** ____/____/____

If the student cannot participate full-time with non-disabled children in the general education class, extracurricular or other non-academic activities explain why full participation is not possible:

Description of the student/child’s educational environment/placement:

The general characteristics of the student/child’s educational environment/placement (check one, ages 6-21):

- Inside regular class at least 80% of the time
- Inside regular class less than 40% of the time
- Residential facility
- Inside regular class 40% to 79% of the time
- Separate day school – public or private
- Homebound/Hospital

The general characteristics of the child’s educational environment/placement (ages 3-5):

- Child is attending a regular early childhood program 10 or more hours per week.
 - and receives at least 50% of their special education services in the regular early childhood program
 - and receives at least 50% of their special education services in some other location
- Child is attending a regular early childhood program less than 10 hours per week
 - and receives at least 50% of their special education services in the regular early childhood program
 - and receives at least 50% of their special education services in some other location
- Child is not attending a regular early childhood program and receives special education services in:
 - a separate special class
 - a separate school
 - a residential facility
 - their home
 - the service provider’s location or another location

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Accommodations, Modifications and Supplementary Aids

State-level assessment (please check appropriate box or boxes):

- The team has determined that the student will be taking the on-level State assessment with no accommodations, modifications or supplementary aids.
- The team has determined that the student will be taking the on-level State assessment with the approved accommodations, modifications or supplementary aids identified below.
- The student's educational team has completed the required eligibility form(s) and has determined that the student will participate in the alternate assessment based on alternate achievement standards (AA-AAS).

Identify the accommodations, modifications and supplementary aids and services needed to participate in national, state, district-wide, and school assessments:



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Program Modifications/Supports for the Student, School Personnel and Parents as well as Other Options Considered by the IEP Team

Student Name: _____ IEP Meeting Date: ____/____/____
Identify other accommodations, modifications, or supplementary aids (such as extended time, assistive technology, peer tutors) and services needed for the student:

The IEP Team has determined that the student is eligible for the supports of Accessible Instructional Materials which have met the National Instructional Materials Accessibility Standards for print disabilities.

Identify the program modifications or supports that will be provided for school personnel and parents to implement the IEP:

Other Options Considered (include reasons why they were not included):