

**School District Identifying Information**

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

<b>STUDENT NAME:</b> <b>DATE OF BIRTH:</b>	<b>DISABILITY CLASSIFICATION:</b>
<b>LOCAL ID #:</b>	
<b>PROJECTED DATE IEP IS TO BE IMPLEMENTED:</b>	<b>PROJECTED DATE OF ANNUAL REVIEW:</b>

**PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS**

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

<p style="color: green;"><b>Evaluations are tests, exams, or activities that have been given to your child. These evaluations include: Psycho-educational Assessment, Speech &amp; Language, PT,OT Assessments, Physical Exam, Medical Information, Classroom Observation Functional Behavior Assessment, Transition Assessment, and State &amp; District Assessments.</b></p>	<p><b>EVALUATION RESULTS (INCLUDING FOR SCHOOL-AGE STUDENTS, PERFORMANCE ON STATE AND DISTRICT-WIDE ASSESSMENTS)</b></p>
<p style="color: green;"><b>Give a current description of your child's development in regards to daily living at home, in the community, and in school.</b></p> <p style="color: green;"><b>Which subjects does your child like and why? Which subjects is your child good at? Which learning style works for your child? What are some activities or interest does your child enjoy doing outside of school?</b></p>	<p><b>ACADEMIC ACHIEVEMENT, FUNCTIONAL PERFORMANCE AND LEARNING CHARACTERISTICS</b></p> <p>LEVELS OF KNOWLEDGE AND DEVELOPMENT IN SUBJECT AND SKILL AREAS INCLUDING ACTIVITIES OF DAILY LIVING, LEVEL OF INTELLECTUAL FUNCTIONING, ADAPTIVE BEHAVIOR, EXPECTED RATE OF PROGRESS IN ACQUIRING SKILLS AND INFORMATION, AND LEARNING STYLE:</p> <p><b>STUDENT STRENGTHS, PREFERENCES, INTERESTS:</b></p> <p>ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:</p>

<p>Which subjects does your like the least? Which subject is your child struggling with?</p> <p>Share your concerns about your child's need/deficits.</p>	
<p>Describe your child around peers and adults. How they feel about themselves and others. Are they adjusted to school and the community environment?</p> <p>What does your child do well in? What works for them when they interact among others including outside of school, recreational and community experiences.</p> <p>What does your child need help with or what are issues that make interactions with others difficult?</p> <p>Share your concerns about your child's need/deficits.</p>	<p><b>SOCIAL DEVELOPMENT</b> THE DEGREE (EXTENT) AND QUALITY OF THE STUDENT'S RELATIONSHIPS WITH PEERS AND ADULTS; FEELINGS ABOUT SELF; AND SOCIAL ADJUSTMENT TO SCHOOL AND COMMUNITY ENVIRONMENTS:</p> <p><b>STUDENT STRENGTHS:</b></p> <p>SOCIAL DEVELOPMENT NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:</p>
<p>Describe your child's physical development include gross/fine motor skills, health, endurance, and physical conditions or limitations that may impact educational performance.</p>	<p><b>PHYSICAL DEVELOPMENT</b> THE DEGREE (EXTENT) AND QUALITY OF THE STUDENT'S MOTOR AND SENSORY DEVELOPMENT, HEALTH, VITALITY AND PHYSICAL SKILLS OR LIMITATIONS WHICH PERTAIN TO THE LEARNING PROCESS:</p>

<p>Does your child play any sports? It may be in school or recreational. What are their healthy habits?</p> <p>What part of their health and or limitations concerns you?</p>	<p><b>STUDENT STRENGTHS:</b></p> <p>PHYSICAL DEVELOPMENT NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:</p>
<p>What support, strategies are needed provided by teachers, related services, and support staff that enable your child to benefit from education. It may include environmental modifications, human assistance, and instructional material in alternative ways.</p>	<p><b>MANAGEMENT NEEDS</b>          THE NATURE (TYPE) AND DEGREE (EXTENT) TO WHICH ENVIRONMENTAL AND HUMAN OR MATERIAL RESOURCES ARE NEEDED TO ADDRESS NEEDS IDENTIFIED ABOVE:</p>
<p>How does your child's disability impact their ability to participate and show progress in general education setting?</p> <p>Provide examples of success when considering a least restrictive environment.</p>	<p><b>EFFECT OF STUDENT NEEDS ON INVOLVEMENT AND PROGRESS IN THE GENERAL EDUCATION CURRICULUM OR, FOR A PRESCHOOL STUDENT, EFFECT OF STUDENT NEEDS ON PARTICIPATION IN APPROPRIATE ACTIVITIES</b></p>
<p><b>STUDENT NEEDS RELATING TO SPECIAL FACTORS</b>          BASED ON THE IDENTIFICATION OF THE STUDENT'S NEEDS, THE COMMITTEE MUST CONSIDER WHETHER THE STUDENT NEEDS A PARTICULAR DEVICE OR SERVICE TO ADDRESS THE SPECIAL FACTORS AS INDICATED BELOW, AND IF SO, THE APPROPRIATE SECTION OF THE IEP MUST IDENTIFY THE PARTICULAR DEVICE OR SERVICE(S) NEEDED.</p>	
<p>Would it help to have strategies or a plan to help manage behavior issues?</p>	<p>Does the student need strategies, including positive behavioral interventions, supports and other strategies to address behaviors that impede the student's learning or that of others? <input type="checkbox"/>Yes <input type="checkbox"/>No          Does the student need a behavioral intervention plan? <input type="checkbox"/>No <input type="checkbox"/>Yes:</p>
<p>Are they still learning to speak English? If so, does your native language make it difficult to learn?</p>	<p>For a student with limited English proficiency, does he/she need a special education service to address his/her language needs as they relate to the IEP?  <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>Not Applicable</p>

<p><b>For students who are blind or have severe vision issues, do they need to learn to read through Braille?</b></p>	<p>For a student who is blind or visually impaired, does he/she need instruction in Braille and the use of Braille? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>Not Applicable</p>
<p><b>Does your child have difficulty speaking or communicating? Is there a strategy or technology that can help them communicate with others?</b></p> <p><b>For students who are deaf, would in interpreter in ASL or another strategy help them to be successful in the classroom?</b></p>	<p>Does the student need a particular device or service to address his/her communication needs? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>In the case of a student who is deaf or hard of hearing, does the student need a particular device or service in consideration of the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>Not Applicable</p>
<p><b>Is there a strategy or technology that can help your child be successful in school?</b></p>	<p>Does the student need an assistive technology device and/or service? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If yes, does the Committee recommend that the device(s) be used in the student's home? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>

BEGINNING NOT LATER THAN THE FIRST IEP TO BE IN EFFECT WHEN THE STUDENT IS AGE 15 (AND AT A YOUNGER AGE IF DETERMINED APPROPRIATE)

**MEASURABLE POSTSECONDARY GOALS**

LONG-TERM GOALS FOR LIVING, WORKING AND LEARNING AS AN ADULT

<p><b>What goals do you have for your child for life AFTER high school?</b></p> <p><b>Do you wish for them to go to college or get some other type of training?</b></p>	<p><b>EDUCATION/TRAINING:</b></p>
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<p>What type of job do you want your child to do?</p> <p>Do you think we need to develop goals to set them up to be able to live on their own someday?</p>	<p>EMPLOYMENT:</p> <p>INDEPENDENT LIVING SKILLS (WHEN APPROPRIATE):</p>
<p>Think about the goals you listed. What do they need to do to accomplish these goals? What do they need to learn or what will they need help with?</p>	<p><b>TRANSITION NEEDS</b></p> <p>In consideration of present levels of performance, transition service needs of the student that focus on the student's courses of study, taking into account the student's strengths, preferences and interests as they relate to transition from school to post-school activities:</p>

MEASURABLE ANNUAL GOALS				
THE FOLLOWING GOALS ARE RECOMMENDED TO ENABLE THE STUDENT TO BE INVOLVED IN AND PROGRESS IN THE GENERAL EDUCATION CURRICULUM, ADDRESS OTHER EDUCATIONAL NEEDS THAT RESULT FROM THE STUDENT'S DISABILITY, AND PREPARE THE STUDENT TO MEET HIS/HER POSTSECONDARY GOALS.				
	ANNUAL GOALS WHAT THE STUDENT WILL BE EXPECTED TO ACHIEVE BY THE END OF THE YEAR IN WHICH THE IEP IS IN EFFECT	CRITERIA MEASURE TO DETERMINE IF GOAL HAS BEEN ACHIEVED	METHOD HOW PROGRESS WILL BE MEASURED	SCHEDULE WHEN PROGRESS WILL BE MEASURED
<p>What are some goals your child can work on this year? These goals should be based your child's need/skill deficit in their PLP.</p> <p>Criteria: will tell you how well and over what period of time will your child perform skill/behavior to</p>				<p><i>This information will be filled out by the school team after your meeting</i></p>

<p>indicate mastery in one year.</p> <p>Method: How the data is going to be collected it must be tangible such as charts, checklist, teacher made tests etc.</p> <p>Schedule: How of the methods will be given to collect and review progress, which should be regularly to allow for adjustments. This is not progress reports or report cards</p>				
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**REPORTING PROGRESS TO PARENTS**

<p>This section will tell you how often you will get progress reports on your child's annual goals.</p>	<p>Identify when periodic reports on the student's progress toward meeting the annual goals will be provided to the student's parents:</p>
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**RECOMMENDED SPECIAL EDUCATION PROGRAMS AND SERVICES**

<p>This section will list all of the special education services your child needs to reach their goals and to be successful.</p> <p>Should NOT be filled prior to CPSE/CSE meeting.</p>	<p align="center">SPECIAL EDUCATION PROGRAM/SERVICES</p>	<p align="center">SERVICE DELIVERY RECOMMENDATIONS *</p>	<p align="center">FREQUENCY HOW OFTEN PROVIDED</p>	<p align="center">DURATION LENGTH OF SESSION</p>	<p align="center">LOCATION WHERE SERVICE WILL BE PROVIDED</p>	<p align="center">PROJECTED BEGINNING / SERVICE DATE(S)</p>
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<p><i>Group size is identified, native language, etc.</i></p> <p><i>Services may be provided in a general education setting, specific academic area or special education setting.</i></p>	<p><b>SPECIAL EDUCATION PROGRAM:</b></p> <p>Consultant Teacher or Integrated Co-teaching Classroom  <i>(A Regular class program with a special education teacher to help head teacher)</i></p>	<p><i>This information will be filled out by the school team after your meeting</i></p>				
	<p>Resource room  <i>is a program where you leave your regular classroom for part of the day and go work with a special education teacher in a small group.)</i></p> <p>Special Class  <i>is a classroom that only has other special education students)</i></p>					
<p><i>Some of the services that your child might have that are outside of the classes.</i></p>	<p><b>RELATED SERVICES:</b>  <b>CHECK ONE BELOW</b></p> <p>Speech  Counseling  Physical therapy  Occupational Therapy  Nursing services</p>	<p><i>This information will be filled out by the school team after your meeting</i></p>				

	Assistive Technology services Other					
<p>Think about services that help your child be successful in regular classes with kids who don't have disabilities. What kind of "extras" do they need so they can fully participate in school? Here are some ideas, check any that apply</p>	<p>SUPPLEMENTARY AIDS AND SERVICES/PROGRAM MODIFICATIONS/ACCOMMODATIONS:</p> <p>Copy of class notes          Books in other formats  <i>(Like technology that reads text out loud or Braille)</i></p> <p>Extra time on tests or to go between classes class          Organization strategies          A plan to help me control my behavior          Extra time to finish assignments          Other          Preferential seating <i>(Sitting in a special spot in class so they can focus or hear or see better)</i>          Organization Strategies          Behavior plan          Extra time <i>(to finish tests or assignments)</i></p>	<p><i>This information will be filled out by the school team after your meeting</i></p>				
<p>Technology that can help your child be independent? (do not include medical equipment)</p>	ASSISTIVE TECHNOLOGY DEVICES AND/OR SERVICES:					



<p><b>This section identifies what services your teachers can get to help you learn. Trainings on specific disability such as autism, assistive technology, behavior interventions, etc.</b></p>	<p><b>SUPPORTS FOR SCHOOL PERSONNEL ON BEHALF OF THE STUDENT:</b></p>					
		<p>* Identify, if applicable, class size (maximum student-to-staff ratio), language if other than English, group or individual services, direct and/or indirect consultant teacher services or other service delivery recommendations.</p>				

<p><b>Some students need ongoing instruction to avoid substantial regression.</b></p>	<p><b>12-MONTH SERVICE AND/OR PROGRAM</b> – Student is eligible to receive special education services and/or program during July/August:  <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Cannot be left blank</b>          If yes:  <input type="checkbox"/> Student will receive the same special education program/services as recommended above.          OR  <input type="checkbox"/> Student will receive the following special education program/services:</p>					
	<p><b>SPECIAL EDUCATION PROGRAM/SERVICES</b></p>	<p><b>SERVICE DELIVERY RECOMMENDATIONS</b></p>	<p><b>FREQUENCY</b></p>	<p><b>DURATION</b></p>	<p><b>LOCATION</b></p>	<p><b>PROJECTED BEGINNING/ SERVICE DATE(S)</b></p>
<p><b>May be different from what is provided during the school year.</b></p>						
<p>Name of school/agency provider of services during July and August:          For a preschool student, reason(s) the child requires services during July and August:</p>						

**TESTING ACCOMMODATIONS** (TO BE COMPLETED FOR PRESCHOOL CHILDREN ONLY IF THERE IS AN ASSESSMENT PROGRAM FOR NONDISABLED PRESCHOOL CHILDREN):  
 INDIVIDUAL TESTING ACCOMMODATIONS, SPECIFIC TO THE STUDENT'S DISABILITY AND NEEDS, TO BE USED CONSISTENTLY BY THE STUDENT IN THE RECOMMENDED  
 EDUCATIONAL PROGRAM AND IN THE ADMINISTRATION OF DISTRICT-WIDE ASSESSMENTS OF STUDENT ACHIEVEMENT AND, IN ACCORDANCE WITH DEPARTMENT  
 POLICY, STATE ASSESSMENTS OF STUDENT ACHIEVEMENT

	TESTING ACCOMMODATION	CONDITIONS*	IMPLEMENTATION RECOMMENDATIONS**
	<input type="checkbox"/> NONE		
<p>This section identifies test accommodations for your child.</p> <p>CSE will refer to NYSED Guide from May 2006 <a href="#">Test Access and Accommodations for students with Disabilities</a></p>			
	<p>*Conditions – Test Characteristics: Describe the type, length, purpose of the test upon which the use of testing accommodations is conditioned, if applicable. <b>When accommodation will be provided (examples: as needed, when requested, for specific tests such as regents)</b></p> <p>**Implementation Recommendations: Identify the amount of extended time, type of setting, etc., specific to the testing accommodations, if applicable. <b>How accommodations will be provided</b></p>		

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**COORDINATED SET OF TRANSITION ACTIVITIES**

<p><b>This section includes activities to help your child reach their goals for AFTER high school</b></p>	<p><b>NEEDED ACTIVITIES TO FACILITATE THE STUDENT'S MOVEMENT FROM SCHOOL TO POST-SCHOOL ACTIVITIES</b></p>	<p><b>SERVICE/ACTIVITY</b></p>	<p><b>SCHOOL DISTRICT/ AGENCY RESPONSIBLE</b></p>
<p><b>Instruction will support your child to achieve their MSPG (their goals after high school).</b></p>	<p>Instruction</p>		
<p><b>Other supports or services outside of the classroom that will support your child's transition plan</b></p>	<p>Related Services</p>		
<p><b>List and describe other community-based experiences that will be provided to your child, must be supported by district such as <i>School Clubs</i> or <i>Sports</i>.</b></p>	<p>Community Experiences</p>		
<p><b>List activities that will support your child to prepare college/training, employment, and/or independent living goals.</b></p>	<p>Development of Employment and Other Post-school Adult Living Objectives</p>		
<p><b>Activities your child will do to assist them with functional skills (dressing, hygiene, self-care, health care, cooking, budgeting etc.)</b></p>	<p>Acquisition of Daily Living Skills (if applicable)</p>		
<p><b>Information regarding the your child's interests and abilities to provide a plan towards goals after high school</b></p>	<p>Functional Vocational Assessment (if applicable)</p>		

*This information will be filled out by the school team after your meeting*

**PARTICIPATION IN STATE AND DISTRICT-WIDE ASSESSMENTS**

(TO BE COMPLETED FOR PRESCHOOL STUDENTS ONLY IF THERE IS AN ASSESSMENT PROGRAM FOR NONDISABLED PRESCHOOL STUDENTS)

**This box shows whether or not your child will take the same state and district tests as students without disabilities or participate in different kinds of assessments.**

- The student will participate in the same State and district-wide assessments of student achievement that are administered to general education students.
- The student will participate in an alternate assessment on a particular State or district-wide assessment of student achievement.  
Identify the alternate assessment:  
Statement of why the student cannot participate in the regular assessment and why the particular alternate assessment selected is appropriate for the student:

### **PARTICIPATION WITH STUDENTS WITHOUT DISABILITIES**

**This section explains how much time your child spends in special education classes. Should this time be modified?**

**Some students with disabilities do not need to take a foreign language in high school. This can be discussed during transition.**

REMOVAL FROM THE GENERAL EDUCATION ENVIRONMENT OCCURS ONLY WHEN THE NATURE OR SEVERITY OF THE DISABILITY IS SUCH THAT, EVEN WITH THE USE OF SUPPLEMENTARY AIDS AND SERVICES, EDUCATION CANNOT BE SATISFACTORILY ACHIEVED.

#### **FOR THE SCHOOL-AGE STUDENT:**

Explain the extent, if any, to which the student will not participate in regular class, extracurricular and other nonacademic activities (e.g., percent of the school day and/or specify particular activities):

If the student is not participating in a regular physical education program, identify the extent to which the student will participate in specially-designed instruction in physical education, including adapted physical education:

EXEMPTION FROM LANGUAGE OTHER THAN ENGLISH DIPLOMA REQUIREMENT:  No  Yes - The Committee has determined that the student's disability adversely affects his/her ability to learn a language and recommends the student be exempt from the language other than English requirement. **Can limit college options**

### **SPECIAL TRANSPORTATION**

TRANSPORTATION RECOMMENDATION TO ADDRESS NEEDS OF THE STUDENT RELATING TO HIS/HER DISABILITY

**Transportation needs e.g. special seating, equipment needs, or supervision.**

- None.
- Student needs special transportation accommodations/services as follows:
- Student needs transportation to and from special classes or programs at another site:

### **PLACEMENT RECOMMENDATION**

**Once everyone has agreed placement is identified, where IEP will be implemented, and the setting where your child will receive special education services.**

