

SAMPLE INDIVIDUAL EDUCATION PROGRAM – IEP

SECTION 1 - General Information

School Site:	IEP Meeting Date:	Last ESER Meeting Date:
Student Last Name:	First Name:	Middle Name:
Student ID:	Date of Birth:	Age:
Gender:	Grade:	Primary Language:
Disability Category:	Type of IEP:	
Was the student invited to the IEP meeting? Yes No		

SECTION 2 – Participants *(Signature denotes attendance)*

Print (or type) Name	Title	Signature
Print (or type) Name	Title	Signature
Print (or type) Name	Title	Signature
Print (or type) Name	Title	Signature
Print (or type) Name	Title	Signature
Print (or type) Name	Title	Signature
Print (or type) Name	Title	Signature
Print (or type) Name	Title	Signature

SECTION 3 – Present Levels

Student Strengths

Parent Comments

Other Agency Comments

<p>PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (PLAAFP)</p> <p>- Summarized current identified educational needs from the ESER.</p> <p>- Students turning 16 and older, include a statement of current secondary transition progress.</p>
<p>STATEMENT OF EFFECT - Describe how the disability affects the student's involvement and progress in the general education curriculum or for a preschool student, participation in appropriate activities.</p>

SECTION 4 – Consideration of Special Factors	
<p>BEHAVIOR</p> <p>Does the student's behavior impede the student's learning or the learning of others to the extent the student may require positive behavioral interventions and supports?</p>	<input type="radio"/> YES <input type="radio"/> NO
<p>COMMUNICATION</p> <p>Does the student have communication needs? <i>(For Example: unintelligible, non-verbal, or Deaf or Hard of Hearing)</i></p> <p>- Instruction in American Sign Language? <input type="radio"/> YES <input type="radio"/> NO</p> <p>- Does the student require an interpreter? <input type="radio"/> YES <input type="radio"/> NO</p> <p>SPECIFY the communication need(s):</p>	<input type="radio"/> YES <input type="radio"/> NO
<p>VISUAL IMPAIRMENT</p> <p>Does the student require instruction in Braille or the use of Braille?</p> <p>SPECIFY the vision need(s):</p>	<input type="radio"/> YES <input type="radio"/> NO
<p>ASSISTIVE TECHNOLOGY</p> <p>Does the student require Assistive Technology (AT) devices, tools, implements or AT related services (includes "low-tech" items)?</p> <p>SPECIFY the assistive technology need(s):</p>	<input type="radio"/> YES <input type="radio"/> NO
OTHER FACTORS	
<p>PRINT DISABILITY</p> <p>Does the student require print services under the NIMAS <i>(National Instructional Materials Access Standards)</i> ?</p>	<input type="radio"/> YES <input type="radio"/> NO
<p>LANGUAGE <i>(Limited English Proficiency)</i></p> <p>Does the student have language needs due to Limited English Proficiency?</p>	<input type="radio"/> YES <input type="radio"/> NO
<p>MEDICAL</p> <p>Does the student have specific medical needs that must be met by the school district?</p> <p>Describe or attach the student's medical plan to the IEP:</p>	<input type="radio"/> YES <input type="radio"/> NO

SECTION 5 – Secondary Transition (Must be in place *before* the student's 16 birthday)

The parents have consented to the following agency(ies) attending this meeting:

Transition Assessment Tool - Consider tools such as student and parent interviews, review of data from previous years transition activities, Transition Alaska transition assessment, LINKS Assessment tools, interest inventories, independent living assessments, employment assessments such as through AKCIS, education or training assessments for preferred employment, preference inventories, and existing assessment data such as MAPS, AKSTAR, and related service assessments.

Assessment(s) Used and Summation:

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POST SECONDARY GOALS AND TRANSITION SERVICES - *Transition Activities* are coordinated activities to progress towards this **employment goal** must consider instruction, related services, community experiences, development of employment objectives, and if appropriate, acquisition of daily living skills, and a functional vocational assessment. **Responsible parties must be stated.** Assessments (formal and/or informal) to assess and consider the students strengths, needs, preferences, and interests relating to employment, education/training, and independent living goals. Must be completed before IEP implementation.

STUDENT RESPONSES – Student responses should be incorporated into the activities planning

Employment Goal: When I leave high school, I will be employed as a...				Service Areas: <input type="radio"/> Instruction <input type="radio"/> Related Services <input type="radio"/> Community <input type="radio"/> Employment <input type="radio"/> Adult Living
Progress Report 1	Progress Report 2	Progress Report 3	Progress Report 4	If Appropriate: <input type="radio"/> Daily Living Skills <input type="radio"/> Functional Vocational Assessment
Date:	Date:	Date:	Date:	

Education & Training Goal: When I leave High School, I will continue learning/training by...				Service Areas: <input type="radio"/> Instruction <input type="radio"/> Related Services <input type="radio"/> Community <input type="radio"/> Employment <input type="radio"/> Adult Living
Progress Report 1	Progress Report 2	Progress Report 3	Progress Report 4	If Appropriate: <input type="radio"/> Daily Living Skills <input type="radio"/> Functional Vocational Assessment
Date:	Date:	Date:	Date:	

Independent Living Goal (if appropriate): When I leave High School, I will live...				Service Areas: <input type="radio"/> Instruction <input type="radio"/> Related Services <input type="radio"/> Community <input type="radio"/> Employment <input type="radio"/> Adult Living
Progress Report 1	Progress Report 2	Progress Report 3	Progress Report 4	If Appropriate: <input type="radio"/> Daily Living Skills <input type="radio"/> Functional Vocational Assessment
Date:	Date:	Date:	Date:	

COURSE OF STUDY - Expected Graduation Date:

Considering the student's strengths, interests, preferences, and desired postsecondary goals, list the specific courses of study for each year of the student's high school career that will promote movement from school to the student's desired post-school goals.

School Year Grade Courses

The transition activities promote movement from school to post-secondary goals.	<input type="radio"/> YES <input type="radio"/> NO
Annual IEP Goals support the post-secondary goals	<input type="radio"/> YES <input type="radio"/> NO

SECTION 6 – Assessments**Assessment Accommodations**

KEY: R=Reading, W=Writing, M=Mathematics, S=Science

1.	<input type="radio"/> R <input type="radio"/> W <input type="radio"/> M <input type="radio"/> S
2.	<input type="radio"/> R <input type="radio"/> W <input type="radio"/> M <input type="radio"/> S
3.	<input type="radio"/> R <input type="radio"/> W <input type="radio"/> M <input type="radio"/> S
4.	<input type="radio"/> R <input type="radio"/> W <input type="radio"/> M <input type="radio"/> S
5.	<input type="radio"/> R <input type="radio"/> W <input type="radio"/> M <input type="radio"/> S
6.	<input type="radio"/> R <input type="radio"/> W <input type="radio"/> M <input type="radio"/> S
7.	<input type="radio"/> R <input type="radio"/> W <input type="radio"/> M <input type="radio"/> S
8.	<input type="radio"/> R <input type="radio"/> W <input type="radio"/> M <input type="radio"/> S
9.	<input type="radio"/> R <input type="radio"/> W <input type="radio"/> M <input type="radio"/> S
10.	<input type="radio"/> R <input type="radio"/> W <input type="radio"/> M <input type="radio"/> S

See the state guidance for a list of accommodations-

Additional Comments:

*NOTE: Not all accommodations may be available on certain assessments and, if used, may result in test invalidation.***THE STUDENT WILL (Select ONE option below):**

<input type="radio"/>	Participate in applicable state and district-wide assessments (with or without accommodations).
<input type="radio"/>	<p>Participate in the State Alternate Assessment.</p> <p><i>NOTE: Districts may not submit more than 1% of the special education population of the school district for the alternate assessment.</i></p> <p>1. Does the student have a significant cognitive disability? <input type="radio"/> Yes <input type="radio"/> No</p> <p>2. Is the student primarily instructed (or taught) using the AK-DLM <i>Essential Elements</i> as content standards? <input type="radio"/> Yes <input type="radio"/> No</p> <p>3. Does the student require extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade and age appropriate curriculum? <input type="radio"/> Yes <input type="radio"/> No</p> <p>- Note: if the response to ANY question above is “no” the student does not qualify for the Alternate Assessment</p> <p><i>The Alternate Assessment is based on alternate achievement standards. The team must provide a statement explaining why the regular assessment is not suitable and why the Alternate Assessment is appropriate.</i></p> <p>Statement explaining why the Alternate Assessment (1% Assessment) is selected:</p> <p><i>NOTE: The Alternate Assessment does NOT determine a student’s diploma status. If a student is to be considered on a “non-diploma” track, the district must obtain from the parent a signed notice acknowledging the decision.</i></p>

SECTION 7 – Program Modifications and Accommodations

All accommodations used for assessments are in place in the classroom.

☐ N/A ☐ YES ☐ NO**ADVANCE APPROPRIATELY TOWARDS ANNUAL GOALS – Consider Special Factors**Student Supports Needed *(Example: AT Devices, Specialists, Para-Support..)*School Personnel Supports Needed *(Example: Training, Access to IEP, Scheduling Information, Behavior Plan Access-if applicable..)***GENERAL EDUCATION CURRICULUM**Student Supports Needed *(Example: Reduced Workload, Learning Supports, Preferential Seating..)*School Personnel Supports Needed *(Example: Collaboration Time, Strategy Training, Supervision of Regular Education Programs..)***EXTRA CURRICULAR ACTIVITIES AND OTHER NON-ACADEMIC ACTIVITIES**Student Supports Needed *(Example: Para-Support-if appropriate, Parent Training, Access to IEP Information, Transportation support..)*School Personnel Supports Needed *(Example: Knowledge of Student Needs or all staff working with the student, Training, Supports..)***SECTION 8 – Extended School Year (ESY)**

Extended School Year (ESY) services must be considered for each student with a disability.

Select one option-

☐ A review of the student's educational needs indicates that ESY services **are not** required.
-may be reconsidered at **any time**☐ A review of the student's educational needs indicates that ESY services **are** required.
Identify ESY services (include dates, frequency, duration, supervision):

SECTION 9 – Measurable Annual Goal(s)

Baseline	Annual Goal	Person Responsible <i>(for the progress reporting):</i>	Goal #:
<input type="radio"/> The goal enables student to be involved in and progress in the general curriculum. <input type="radio"/> The goal addresses an identified educational need from the student's ESER. <input type="radio"/> Progress reporting for this goal will be conducted: <input type="radio"/> Quarterly <input type="radio"/> Trimester <input type="radio"/> Other: <input type="radio"/> Secondary Transition: The goal addresses: <input type="radio"/> Education/Training <input type="radio"/> Employment <input type="radio"/> Independent Living			
Objective 1		Evaluation Method	Schedule
Short-Term Objective:		<input type="radio"/> Testing <input type="radio"/> Data Collection <input type="radio"/> Work Sample <input type="radio"/> Grade <input type="radio"/> Observation <input type="radio"/>	<input type="radio"/> Daily <input type="radio"/> Wkly <input type="radio"/> Mthly <input type="radio"/> Qtrly <input type="radio"/> Sem <input type="radio"/>
Report 1 Date:	Report 2 Date:	Report 3 Date:	Report 4 Date:
Progress:	Progress:	Progress:	Progress:
Objective 2		Evaluation Method	Schedule
Short-Term Objective:		<input type="radio"/> Testing <input type="radio"/> Data Collection <input type="radio"/> Work Sample <input type="radio"/> Grade <input type="radio"/> Observation <input type="radio"/>	<input type="radio"/> Daily <input type="radio"/> Wkly <input type="radio"/> Mthly <input type="radio"/> Qtrly <input type="radio"/> Sem <input type="radio"/>
Report 1 Date:	Report 2 Date:	Report 3 Date:	Report 4 Date:
Progress:	Progress:	Progress:	Progress:
Objective 3		Evaluation Method	Schedule
Short-Term Objective:		<input type="radio"/> Testing <input type="radio"/> Data Collection <input type="radio"/> Work Sample <input type="radio"/> Grade <input type="radio"/> Observation <input type="radio"/>	<input type="radio"/> Daily <input type="radio"/> Wkly <input type="radio"/> Mthly <input type="radio"/> Qtrly <input type="radio"/> Sem <input type="radio"/>
Report 1 Date:	Report 2 Date:	Report 3 Date:	Report 4 Date:
Progress:	Progress:	Progress:	Progress:
Objective 4		Evaluation Method	Schedule
Short-Term Objective:		<input type="radio"/> Testing <input type="radio"/> Data Collection <input type="radio"/> Work Sample <input type="radio"/> Grade <input type="radio"/> Observation <input type="radio"/>	<input type="radio"/> Daily <input type="radio"/> Wkly <input type="radio"/> Mthly <input type="radio"/> Qtrly <input type="radio"/> Sem <input type="radio"/>
Report 1 Date:	Report 2 Date:	Report 3 Date:	Report 4 Date:
Progress:	Progress:	Progress:	Progress:
Goals and Objective Comments:			

SECTION 10 – Services: Special Education and Related Services

Special Education		Location	Starts	Ends	Provider	Minutes	Sessions a Week
Goal#	Service Area	<i>(Special or Regular)</i>	<i>mm/dd/yy</i>	<i>mm/dd/yy</i>	<i>The primary provider</i>		
Supervised by:				Frequency of Supervision:			
Supervised by:				Frequency of Supervision:			
Supervised by:				Frequency of Supervision:			
Supervised by:				Frequency of Supervision:			
Supervised by:				Frequency of Supervision:			
Supervised by:				Frequency of Supervision:			
Supervised by:				Frequency of Supervision:			
Supervised by:				Frequency of Supervision:			
Supervised by:				Frequency of Supervision:			

Related Services		Location	Starts	Ends	Provider	Minutes	Sessions a Week
Goal#	Service Area	<i>(Special or Regular)</i>	<i>mm/dd/yy</i>	<i>mm/dd/yy</i>	<i>The primary provider</i>		
Supervised by:				Frequency of Supervision:			
Supervised by:				Frequency of Supervision:			
Supervised by:				Frequency of Supervision:			
Supervised by:				Frequency of Supervision:			
Supervised by:				Frequency of Supervision:			
Supervised by:				Frequency of Supervision:			

SPECIAL TRANSPORTATION

Does the student now or has the student ever required **special** (aide support, lift, etc.) transportation? ☐ YES ☐ NO

SECTION 11 – Justification and Placement in the Least Restrictive EnvironmentSelect the age range for this student: ☐ 3 to 5 year old ☐ 6 to 21 year old

Total hours in the school week for this student:		Total in Minutes:	
Time outside of the regular education environment:		Special Ed Percentage:	
Time inside the regular education environment*:		Regular Ed Percentage:	

** even if special education services are being provided***6 to 21 year old** – (##) represents the OASIS reporting code

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3 to 5 year old – (##) represents the OASIS reporting code

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PLACEMENT CONSIDERATIONS

1. Is this placement based on the student's educational needs documented in this IEP?	<input type="radio"/> YES <input type="radio"/> NO
2. Is the student able to be satisfactorily educated in the general education environment for the entire school day?	<input type="radio"/> YES <input type="radio"/> NO
3. If removal from the regular environment is necessary, is it based on the nature and severity of the student's disability and not the need for modifications in the general curriculum?	<input type="radio"/> N/A <input type="radio"/> YES <input type="radio"/> NO
4. Is the educational placement as close as possible to the student's home?	<input type="radio"/> YES <input type="radio"/> NO
5. Is the educational placement in the school the student would attend if the student did not have a disability?	<input type="radio"/> YES <input type="radio"/> NO
6. The IEP team considered potential harmful effects of the educational placement, and none were identified.	<input type="radio"/> YES <input type="radio"/> NO
7. Does the student have the opportunity to participate in extracurricular and nonacademic events with nondisabled students?	<input type="radio"/> YES <input type="radio"/> NO

Justification for removing of the student from the regular education environment (address any "no" response):

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SECTION 12 – Final Considerations and Notes

<input type="radio"/>	The parents were provided a copy of the IEP.
<input type="radio"/>	The parents were provided a Notice of Procedural Safeguards (Parent Rights)
<input type="radio"/>	The parents (and student when applicable) were provided the opportunity to participate.
<input type="radio"/>	Has the student been screened for dyslexia (the response is for general data collection and not service related)?

NOTES (Not required):

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IEP – WRITTEN NOTICE REQUIREMENTS AND PROCEDURAL SAFEGUARDS

WRITTEN NOTICE - This form describes the information required in each of the components of written notice for an IEP meeting. The written notice includes the IEP as a description of the proposed action and a description of the procedures and factors used in determining the proposed action.

Describe the proposed action and explain why the district has taken such action:

The attached IEP describes the proposed program and placement and was developed:

- | | |
|---|---|
| <input type="radio"/> as a result of an initial evaluation and eligibility determination. | <input type="radio"/> as a result of an annual review. |
| <input type="radio"/> in response to a parental request. | <input type="radio"/> as a result of a reevaluation. |
| <input type="radio"/> to review the behavioral intervention plan. | <input type="radio"/> to propose a change in placement. |
| <input type="radio"/> other: | |

Describe the evaluation procedure, test, record or report used in deciding the proposed or refused action:

Describe any other options considered, if any, and the reasons for accepting or rejecting them:

If applicable, describe any other factors that are relevant to the proposal or refusal:

PROCEDURAL SAFEGUARDS - As the parent of a student (or an adult student) who is, or may be determined, eligible for special education services, you have rights regarding identification, evaluation, classification, development of an IEP, placement, and the provision of a free and appropriate public education under the Alaska Administrative Code (4 AAC Chapter 52). A description of these rights, which are called procedural safeguards, is contained in the document, *Notice of Procedural Safeguards*. This document is published by the Alaska Department of Education. A copy may be obtained from the school district, the individual listed below, or can be found online at: <https://education.alaska.gov/sped/>

To obtain the *Notice of Procedural Safeguards*, your parental rights for special education, please contact:

School Representative's Name

Phone Number

For help in understanding your rights, you may contact any of the following:

STONE SOUP GROUP

307 E. Northern Lights Blvd, #100
Anchorage, AK 99503
(907) 561-3701 – In Anchorage
(877) 786-7327 – Toll Free
(907) 561-3702 – Fax
www.stonesoupgroup.org

DISABILITY LAW CENTER

3330 Arctic Blvd., Ste. 103
Anchorage, AK 99503
(907) 565-1002 – In Anchorage
(800) 478-1234 – Toll Free
(907) 564-1000 – Fax
www.dlcak.org

**AK DEPARTMENT OF EDUCATION AND
EARLY DEVELOPMENT**

PO Box 110500
Juneau, AK 99811-0500
(907) 465-8693 – Phone
(907) 465-2806 – Fax
<https://education.alaska.gov/sped/>