

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME Henry Student	BIRTH DATE 00/00/000	AGE 13	GRADE 7 th	GENDER Male	STUDENT ID 1234567
ETHNICITY White	STUDENT LANGUAGE English	HOME LANGUAGE English		OPL	
SCHOOL OF ATTENDANCE Red Middle School	MANAGING LOCATION Red Middle School	SCHOOL OF RESIDENCE Red Middle School			
PARENT/GUARDIAN LAST NAME, FIRST NAME CASA			EMAIL ADDRESS		
HOME PHONE	WORK PHONE	CELL PHONE			
STUDENT ADDRESS Group Home	CITY San Diego	STATE CA	ZIP 92123		

ADDITIONAL DEMOGRAPHICS

Student State ID: _____

Migrant Education: Yes No

Interpreter Required: Yes No Language: _____

Translation of IEP Required: Yes No

Language: _____

Type of Meeting: Initial

Reason for Meeting:

Where Student Resides:

Foster Home License #: _____

District of Residence:

IEP DATES

This IEP: <u>1/22/15</u>	Next IEP: <u>1/21/16</u>
Initial Placement in Special Education: <u>1/22/15</u>	
Last Assessment (Initial or Triennial): <u>1/22/15</u>	
Next Reassessment: <u>1/21/18</u>	

INITIAL IEP INFORMATION (To be completed for all Interim Placement Reviews)

Initial Referral Date: _____

Referred By: _____

Consent for Initial Assessment Date: _____ Initial IEP Date: _____

AGENCY INFORMATION

Dept of Rehabilitation: Eligible Receiving Services CA Child Services (CCS): Eligible Receiving Services

Regional Center: Eligible Receiving Services **Dept of Social Services:** Eligible Receiving Services

Primary Disability: Secondary Disability: _____

OTHER ELIGIBILITY INFORMATION

Extended School Year Eligibility: Workability Participation: Yes No

Transportation Eligibility: Physical Education: _____

GENERAL EDUCATION PARTICIPATION

Red Middle School Start Date: _____ End Date: _____

Attends school 32.08 Hours/Week In General Education Environment 32.08 Hours/Week

This percentage is based on a district wide average of instructional minutes for grades K-12, which meets or exceeds the state requirement for instructional minutes per day for 180 school days (excluding extended school year). _____ %

PRESCHOOL SETTING (ages 3-5 including kindergarten) _____

SCHOOL SETTING (ages 6-22) Regular Classroom / Public Day School

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SPECIAL EDUCATION SERVICES

Primary Services	Start Date	End Date	Number Of		Week/Month /Year	Environment
			No.	Hours	Frequency	Majority of Time
Specialized Academic Instruction	1/21/15	1/20/16	5	Hours	week	Gen ed classroom /public school site

Related Services	Start Date	End Date	Number Of		Week/Month /Year	Environment
			No.		Frequency	Majority of Time
Mental Health Related Services						

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

STUDENT'S NAME	BIRTH DATE	AGE	GRADE	GENDER	STUDENT ID
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IEP Meeting Date: 1/22/15

STRENGTHS / INTERESTS / LEARNING PREFERENCE

Henry is interested in computers.

CONCERNS OF PARENT RELEVANT TO EDUCATIONAL PROGRESS:

ACADEMIC/READINESS SKILLS		<input type="checkbox"/> NOT AN AREA RELATED TO SUSPECTED DISABILITY							
CST	English/Language Arts	<input type="checkbox"/> Advanced	<input type="checkbox"/> Proficient	<input type="checkbox"/> Basic	<input type="checkbox"/> Below Basic	<input type="checkbox"/> Far Below Basic	<input type="checkbox"/> N/A		
	Math	<input type="checkbox"/> Advanced	<input type="checkbox"/> Proficient	<input type="checkbox"/> Basic	<input type="checkbox"/> Below Basic	<input type="checkbox"/> Far Below Basic	<input type="checkbox"/> N/A		
	Hist./Soc. Science	<input type="checkbox"/> Advanced	<input type="checkbox"/> Proficient	<input type="checkbox"/> Basic	<input type="checkbox"/> Below Basic	<input type="checkbox"/> Far Below Basic	<input type="checkbox"/> N/A		
	Science	<input type="checkbox"/> Advanced	<input type="checkbox"/> Proficient	<input type="checkbox"/> Basic	<input type="checkbox"/> Below Basic	<input type="checkbox"/> Far Below Basic	<input type="checkbox"/> N/A		
CMA	English/Language Arts	<input type="checkbox"/> Advanced	<input type="checkbox"/> Proficient	<input type="checkbox"/> Basic	<input type="checkbox"/> Below Basic	<input type="checkbox"/> Far Below Basic	<input type="checkbox"/> N/A		
	Math	<input type="checkbox"/> Advanced	<input type="checkbox"/> Proficient	<input type="checkbox"/> Basic	<input type="checkbox"/> Below Basic	<input type="checkbox"/> Far Below Basic	<input type="checkbox"/> N/A		
	Hist./Soc. Science	<input type="checkbox"/> Advanced	<input type="checkbox"/> Proficient	<input type="checkbox"/> Basic	<input type="checkbox"/> Below Basic	<input type="checkbox"/> Far Below Basic	<input type="checkbox"/> N/A		
	Science	<input type="checkbox"/> Advanced	<input type="checkbox"/> Proficient	<input type="checkbox"/> Basic	<input type="checkbox"/> Below Basic	<input type="checkbox"/> Far Below Basic	<input type="checkbox"/> N/A		
CAPA	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II	<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV	<input type="checkbox"/> Level V	<input type="checkbox"/> N/A			
	English/Language Arts	<input type="checkbox"/> Advanced	<input type="checkbox"/> Proficient	<input type="checkbox"/> Basic	<input type="checkbox"/> Below Basic	<input type="checkbox"/> Far Below Basic	<input type="checkbox"/> N/A		
	Math	<input type="checkbox"/> Advanced	<input type="checkbox"/> Proficient	<input type="checkbox"/> Basic	<input type="checkbox"/> Below Basic	<input type="checkbox"/> Far Below Basic	<input type="checkbox"/> N/A		
	Science	<input type="checkbox"/> Advanced	<input type="checkbox"/> Proficient	<input type="checkbox"/> Basic	<input type="checkbox"/> Below Basic	<input type="checkbox"/> Far Below Basic	<input type="checkbox"/> N/A		
CAHSEE	English/Language Arts	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> N/A					
	Math	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> N/A					

READING PRESENT LEVELS OF PERFORMANCE / PROGRESS TOWARD GOALS

Henry reads at a 6th grade level.

Is an area of concern (*addressed in goals*)

Is not an area of concern

WRITTEN LANGUAGE PRESENT LEVELS OF PERFORMANCE / PROGRESS TOWARD GOALS

Henry can write a simple essay.

Is an area of concern (*addressed in goals*)

Is not an area of concern

MATH PRESENT LEVELS OF PERFORMANCE / PROGRESS TOWARD GOALS

Henry is performing below grade level in Math.

Is an area of concern (*addressed in goals*)

Is not an area of concern

COMMUNICATION SKILLS

NOT AN AREA RELATED TO SUSPECTED DISABILITY

PRESENT LEVELS OF PERFORMANCE / PROGRESS TOWARD GOALS

Is an area of concern (*addressed in goals*)

Is not an area of concern

Most recent SLP assessment indicates that student's communication abilities are consistent with minimum standards of medical need for SLP services.

Yes No

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

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MOTOR SKILLS / SENSORY MOTOR DEVELOPMENT NOT AN AREA RELATED TO SUSPECTED DISABILITY
PRESENT LEVELS OF PERFORMANCE / PROGRESS TOWARD GOALS

--

- Is an area of concern (*addressed in goals*)
 Is not an area of concern

SOCIAL / EMOTIONAL / BEHAVIORAL NOT AN AREA RELATED TO SUSPECTED DISABILITY
PRESENT LEVELS OF PERFORMANCE / PROGRESS TOWARD GOALS

Henry has difficulty focusing in class, he is easily distracted, and becomes frustrated and defiant when he does not understand the work.

- Is an area of concern (*addressed in goals*)
 Is not an area of concern

ADAPTIVE SKILLS / SELF HELP NOT AN AREA RELATED TO SUSPECTED DISABILITY
PRESENT LEVELS OF PERFORMANCE / PROGRESS TOWARD GOALS

--

- Is an area of concern (*addressed in goals*)
 Is not an area of concern

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

STUDENT'S NAME	BIRTH DATE	AGE	GRADE	GENDER	STUDENT ID
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IEP Meeting Date: 1/22/15

HEALTH (For Initial and Triennial reassessments, include date of most recent hearing and vision screenings)

Hearing Screening Date: _____ Vision Screening Date: _____

No health concerns exist. The following health concerns exist:

ENGLISH LEARNER

If the student's home language is other than English, describe below.

Is the student an English Learner? Yes No

Language Proficiency Assessment Results: _____ CELDT Level: _____

Spanish IDEA Proficiency Test (IPT) level: _____ SDOAI informal assessments: _____

Instructional Program: _____

English language development (ELD) provided by: (Check any that apply) Classroom Teacher Education Specialist

INITIAL OR TRIENNIAL REVIEW ONLY

Eligible: Yes No Primary Disability: Other Health Impaired Secondary Disability: _____

Describe the disability and how that affects involvement and progress in general curriculum (*or for preschoolers, participation in appropriate activities*):

Henry's ADHD makes it hard for him to concentrate in the classroom.

TRIENNIAL / REASSESSMENT

- The next reassessment is not due prior to the next IEP review date.
- The next reassessment is due on or before the next IEP review date. The IEP Team recommends the next reassessment be comprised of a review of existing data, summary of progress and current educational performance.
- The next reassessment is due on or before the next IEP review date. The IEP Team recommends new assessments be completed prior to the next triennial date.
- The next reassessment is not required due to student's anticipated graduation. Summary of Performance is required.
- The student is or will be in the final year of high school or reaching maximum age for special education services.

INDIVIDUALIZED EDUCATION PROGRAM – ANNUAL GOALS

STUDENT'S NAME	BIRTH DATE	AGE	GRADE	GENDER	STUDENT ID
Henry Student	00/00/000	13	7 th	Male	1234567

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Area: Reading Skill (optional)

Reading level and comprehension

ANNUAL GOAL and SHORT-TERM OBJECTIVES OR BENCHMARKS

Each goal and short-term objective or benchmark must include observable behavior, conditions, and mastery level criteria. Short-term objectives and benchmarks are required for students taking CAPA and are optional for other students.

Goal Title: This usually comes from a goal bank, and I don't pay much attention to the title. Target Date: 1/20/16
 Henry will increase his reading level.

Indicate Level of Mastery Criteria:

Baseline: Henry reads at a 6th grade level.

Curriculum standard:

Method of Evaluation:

Who is Responsible: Special Education Teacher, General Education Teacher, Student, Parent.

- Goal is related to enabling the student to participate in general education curriculum.
- Goal is related to meeting other educational needs resulting from student's disability.
- Goal is linguistically appropriate
- Supports the student's post-secondary goals/expectations:
- Goal addresses content area:
- Goal will also be addressed during ESY

INDIVIDUALIZED EDUCATION PROGRAM – SPECIAL FACTORS

STUDENT'S NAME	BIRTH DATE	AGE	GRADE	GENDER	STUDENT ID
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IEP Meeting Date: 1/22/15

SPECIAL EDUCATION SERVICE DELIVERY

List Subject Area, Content Area and Related Service in which services are delivered / Select Service and Environment / Describe services include hours

List Subject Area Content Area Related Services	Service	Environment	Comments Describe Services (i.e. co-teaching, collaboration, consult)
Reading, Writing, Math, Science	Specialized Academic Instruction	General Ed	Small group, collaboration, co-teach, consult
Mental Health Related Services	MHRS	Separate Classroom	Individual

Explain why student is not participating in the general education environment:

Henry needs small group instruction in order to access grade level curriculum.

INDIVIDUALIZED EDUCATION PROGRAM – SPECIAL FACTORS

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IEP Meeting Date: 1/22/15

SUPPORTS FOR INSTRUCTION

A. Specify supplemental aids, supports, and modifications to be provided to or on behalf of the student (*as needed*):

Presentation

- | | | |
|--|---|--|
| <input type="checkbox"/> Braille | <input type="checkbox"/> Modified Curriculum | <input type="checkbox"/> Repeated Review / Drill |
| <input type="checkbox"/> Digital Texts | <input type="checkbox"/> Modified Tests | <input type="checkbox"/> Short-Answer Tests |
| <input type="checkbox"/> Directions Given in a Variety of Ways | <input type="checkbox"/> Oral Tests | <input type="checkbox"/> Shortened Assignments |
| <input type="checkbox"/> Highlighted Texts | <input type="checkbox"/> Recorded Lectures | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Language Scaffolds | <input type="checkbox"/> Recorded Texts | <input type="checkbox"/> Visual / Picture Supports |
| <input type="checkbox"/> Large Print | <input type="checkbox"/> Reduced Paper / Pencil Tasks | <input type="checkbox"/> |

Setting / Response

- Increased Physical Response Time
- Increased Verbal Response Time
- Language Scaffolds
- Preferential Seating
- Sign Language
- Visual / Picture Supports

Timing / Scheduling

- Extended Time for Completing Assignments
- Extended Time for Completing Tests
- Frequent Breaks
- Individualized Schedule
- Practice Time
-

Behavior

- Contracts
- De-escalation Routines
- Movement Breaks
- Reinforcement System
- Social Stories
-

Use of Aids or Tools

- Assignment Notebooks
- Calculator
- Low Vision Aids
- Study Sheets

Additional Support / Assistance

- Note-Taking Assistance
- Peer Buddy
- Peer Tutor
- Reader Services
- Small Group Instruction

B. Specify how and when the above supplemental aids, services and modification will be implemented for this student.

C. Specify how school personnel will collaborate to meet student needs and program modifications or supports for school personnel.

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IEP Meeting Date: 1/22/15

- D. Does student's behavior impede learning? Yes No
- Behavior goal is part of this IEP.
- Behavior Support Plan (BSP) attached.
- Behavior Intervention Plan (BIP) attached.

- E. Does student require assistive technology devices and services to meet educational goals and objectives? Yes No
- Please specify below.

- F. Does the student have a low incidence disability? (*Visually Impaired, Deaf and Hard of Hearing, Deaf / Blind, Orthopedically Impaired*) Yes No
- If yes, does the student require low incidence services, equipment and/or materials to meet educational goals and objectives? Yes No

- G. Is student blind or visually impaired? Yes No
- If yes, will instruction in Braille and the use of Braille be provided? Please specify below. Yes No
- 1) Are specialized communications strategies required? Please specify below. Yes No

2) Describe opportunities for direct instruction and communication in the student's language and mode of communication with peers and adults.

TRANSITION

Age at next IEP: _____

For students who will be 16 before their next IEP, see attached Transition Plan dated: _____

PARTICIPATION IN STATE/DISTRICT WIDE ASSESSMENTS

- A. Will student be in grades 2-12 during the effective date of this IEP? Yes No Current Grade: 7th
 If no, is the student a preschooler receiving Special Education services? Yes No
- B. Is the student being considered for California Modified Assessment? Yes No
 If yes, please complete the CMA worksheet. (Click on help to find CMA worksheet)
- C. Is the student being considered for California Alternative Performance Assessment (e.g., CAPA) ? If yes, please complete the CAPA worksheet. Yes No

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STATEWIDE ACHIEVEMENT ASSESSMENTS (Including DRDP, CST, CMA, CAPA, and CAHSEE)

Assessment – Test	Exemptions, Variations, Accommodations, Modifications

INDIVIDUALIZED EDUCATION PROGRAM – SIGNATURE PAGE

STUDENT'S NAME	BIRTH DATE	AGE	GRADE	GENDER	STUDENT ID
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IEP Meeting Date: 1/22/15

Is student eligible for special education Yes No

Least Restrictive Environments Considered:
General Education

RIGHTS AT AGE OF MAJORITY

On our before your child's 17th birthday, he/she has been advised pf his/her rights at age of majority (18 years).

Advised by: _____
Advisor Date

GRADUATION

Graduation for high school by meeting the District course requirements and proficiency standards constitutes a change in placement. A student's rights to a free and appropriate public education terminates upon graduation with a regular high school diploma or upon reaching the maximum age eligibility (22) for a free appropriate public education under Section 56026.

Advised by: _____
Advisor Date

(For students grade 7-12) My child is currently in a course of study which is designed to meet district and state requirements leading to a high school diploma. Yes No _____ (Initials)

NOTICES

I have received a copy of the "Limited Sharing/Release of Student Information for Purpose of LEA Medi-Cal Reimbursement" and I agree to share student information for possible LEA Medi-Cal reimbursement of covered services. Yes No _____ (Initials)

As a means of improving services and results for your child did the school facilitate parent involvement? Yes No No Parent Response _____ (Initials)

I have received a copy of the Notice of Procedural Safeguards.

Progress toward goals will be reported to parents at general education reporting period.

Parent/Guardian request(s) additional time to review IEP. *(The district requests a response and signature within 15 days.)*

IEP not completed due to time constraints.

CONSENT

<input type="checkbox"/>	I consent to the Individualized Education Program (IEP).	_____	(Initials)
<input type="checkbox"/>	I consent to portions of the IEP: <i>(See Team Action Plan for specific information)</i>	_____	(Initials)
<input type="checkbox"/>	Eligibility	_____	(Initials)
<input type="checkbox"/>	Goals	_____	(Initials)
<input type="checkbox"/>	Primary Services	_____	(Initials)
<input type="checkbox"/>	Related Services	_____	(Initials)
<input type="checkbox"/>	I do not consent to this IEP. <i>(See Team Action Plan for specific information)</i>	_____	(Initials)

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My child is eligible for special education services. However, I elect to enroll my child in a private school and understand that this IEP cannot be implemented.

Profit Not Profit

Parent was offered an Individualized Service Plan. Yes No

IEP Meeting Date: 1/22/15

TEAM MEMBER SIGNATURES

The following were participants in the development of this Individualized Education Program (IEP).

_____ Parent/Guardian	_____ Date	_____ Student	_____ Date
_____ Administrator/Designee	_____ Date	_____	_____ Date
_____ General Education Teacher	_____ Date	_____	_____ Date
_____ Special Education Teacher	_____ Date	_____	_____ Date
_____	_____ Date	_____	_____ Date
_____	_____ Date	_____	_____ Date
_____	_____ Date	_____	_____ Date
_____	_____ Date	_____	_____ Date