

Individualized Education Program Meeting

Individualized Education Program Meeting			
Meeting Date			
Annual IEP?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Explanation of Procedural Safeguards was provided.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Student ID			
Student Name			
Age			
Date of Birth			
Gender			
Academic Year			
Home Campus			
Current Campus			
Grade			
Parent 1 Name			
Parent 2 Name			
Was an interpreter used to assist in conducting the meeting?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, specify language:			
Parent/adult student waives the 5 school days written notice of the meeting and agrees to an earlier meeting.		Initial:	
I. Review of Evaluation Data			
Full and Individual Evaluation Current Date			
Full and Individual Evaluation Next Due Date			
Other Evaluations			
Name	Current Date	Needed By	Track
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
Information for this meeting has been provided by the following:			
<input type="checkbox"/> Parent(s)		<input type="checkbox"/> School personnel	<input type="checkbox"/> Language Proficiency Assessment Committee (LPAC)
<input type="checkbox"/> Student		<input type="checkbox"/> Previous school district	<input type="checkbox"/> Other agencies/professionals
II. Determination of Eligibility			
Condition 1			
Condition 2			
Condition 3			
Condition 4			
Condition 5			
Indicators:			
<input type="checkbox"/> Medically Fragile		<input type="checkbox"/> Multiple Disabilities	

III. Present Levels of Academic Achievement and Functional Performance	
Physical	
Personal Care Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nursing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assistive Technology	<input type="checkbox"/> Yes <input type="checkbox"/> No
Communication Needs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Behavioral	
Discipline	
Functional	
Academic	
Disability Affects Participation in:	
<input type="checkbox"/> English	<input type="checkbox"/> Math
<input type="checkbox"/> Social Studies	<input type="checkbox"/> Electives
<input type="checkbox"/> Other:	<input type="checkbox"/> Science
Transition Planning (choose one):	<input type="checkbox"/> Transition services are not age appropriate. <input type="checkbox"/> Parent and Student have been provided information about transition planning. <input type="checkbox"/> A statement on transition service needs is included on the Supplement: Graduation or in the deliberations <input type="checkbox"/> See the Supplement: Transition and other related information.

This is the campus which this student would attend if not in special education.	<input type="checkbox"/> Yes <input type="checkbox"/> No
This is the campus that is as close as possible to the student's home which provides the services the IEP committee has deemed necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", the student's home campus is:	
Reason:	
IV-B. State Assessments	
State/District Assessment Decisions	
Required Tests	
The parent has been informed that an accelerated plan of instruction is required if the student doesn't pass one or more assessments.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Committee Members understand all of the assessment options, including characteristics of each assessment and the potential implications of each assessment choice.	<input type="checkbox"/> Yes <input type="checkbox"/> No
English N/A	
Type:	
Subject:	
Language:	
Accommodations:	
Comments:	
Reading N/A	
Type:	
Subject:	
Language:	
Accommodations:	
Comments:	
Math N/A	
Type:	
Subject:	
Language:	
Accommodations:	
Comments:	

Science		N/A
Type:		
Subject:		
Language:		
Accommodations:		
Comments:		
Social Studies		N/A
Type:		
Subject:		
Language:		
Accommodations:		
Comments:		
ERA	<input type="checkbox"/> Will take <input type="checkbox"/> Will not take	
TELPAS (LEP)	<input type="checkbox"/> N/A <input type="checkbox"/> Listening <input type="checkbox"/> Speaking <input type="checkbox"/> Reading <input type="checkbox"/> Writing	
District Assessments	<input type="checkbox"/> N/A <input type="checkbox"/> Will take all <input type="checkbox"/> Will not take the following (list below):	

V. Consideration of Least Restrictive Environment (Provided, Tried, Considered)

Service/Site Consideration	Provided (P)	Tried (T)	Considered (C)
General Education Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GE w/Accommodations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GE w/Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tutorials/Compensatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-Tiered Interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Vocational Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bilingual Classes/ESL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschool/Pre-K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
District AEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accelerated Plan of Instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dyslexia Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resource Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Contained Classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptive Equipment/AT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Related Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VAC Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-The-Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homebound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RDSPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Campus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Results:

If efforts are not successful, provide reasons:

Evidence that removal of students with disabilities from the general educational environment/campus occurs only when the nature and severity of the disability is such that education in general education classes/campus with the use of supplementary aids and services cannot be achieved satisfactorily is based on the following:

In selecting the least restrictive environment, consideration was given to any potential benefits or harmful effects on the student, the quality of services needed, and the effect this child's presence has on the education others are receiving.

Benefits:

Harmful Effects:

Opportunities for the student to participate in all nonacademic and extracurricular activities available to students without disabilities to the maximum extent appropriate for the individual student:

<input type="checkbox"/> Recess	<input type="checkbox"/> Health Services	<input type="checkbox"/> Athletics	<input type="checkbox"/> Choral Groups
<input type="checkbox"/> Lunch	<input type="checkbox"/> Transportation	<input type="checkbox"/> Band	<input type="checkbox"/> Recreational Services
<input type="checkbox"/> Assemblies	<input type="checkbox"/> Counseling	<input type="checkbox"/> Clubs	<input type="checkbox"/> Other Activities

If any of the above items are not checked, document the IEP Committee's decision to exclude this student from the opportunity to participate:

The student is being educated with non-disabled students to the maximum extent appropriate to meet his/her needs and is unable to benefit from education with non-disabled students to any greater extent.

Yes No

VI. Extended School Year Services (ESY)

Documentation has been submitted and the student is in need of ESY

 Yes No**Instructional Schedule****Instructional Schedule**

Subject	Semester	Service Provider	Grade Assigned By	SpEd min./Gen. Ed. min.	Frequency	Duration	Service Type

ESY Program Name:

ESY Transportation

 Yes No N/A**Related Services Schedule**

Subject	Semester	Service Provider	Grade Assigned By	SpEd min./Gen. Ed. min.	Frequency	Duration	Service Type

VIII. Graduation

Student is expected to graduate in:

The IEP Document will serve as the student's Personal Graduation Plan (PGP).

 Yes No N/A

The Supplement "Graduation with a Statement of Transition" is attached.

 Yes No N/A

The committee assures the following: that special education placement is as close as possible to the student's home; that for national origin minority group students or linguistically different students, placement is not based on criteria which were developed solely on command of the English language; and that placement is

based on peer-reviewed research to the extent practicable.	
Basis for Assurance:	
<input type="checkbox"/> Adaptations in testing procedures	<input type="checkbox"/> Review of parent/student information
<input type="checkbox"/> Use of interpreter	<input type="checkbox"/> Review of language assessment
The committee assures that special education placement is not based on deficiencies identified as directly attributable to a different culture, lifestyle, or lack of educational opportunities.	
Basis for Assurance:	
<input type="checkbox"/> Review of parent/student information	<input type="checkbox"/> Review of sociological assessment
Initial:	The IEP committee assures that the student is being educated with students his/her age who do not have disabilities to the maximum extent appropriate to his/her overall educational needs (including academic and developmental areas such as language and socialization).
Initial:	The committee assures that all instruction and related services specified in the IEP will be provided to the student at no cost. Fees normally charged to students without disabilities or their parents as part of the general education program may be charged (i.e., art or laboratory fees).
Initial:	The district assures that each teacher who provides instruction to a student with disabilities will receive relevant sections of the student's current IEP and that each teacher will be informed of specific responsibilities related to implementing the IEP, such as goals and benchmarks, and of needed accommodations, modifications, and/or supports for the child.

IX. Signatures of IEP Members			
Signature	Position	Agrees	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student participated in the following sections of this IEP meeting:			
<input type="checkbox"/> Review of evaluation data	<input type="checkbox"/> Graduation	<input type="checkbox"/> N/A due to age of student	
<input type="checkbox"/> Determination of eligibility	<input type="checkbox"/> Least restrictive environment	<input type="checkbox"/> N/A due to level of functioning	
<input type="checkbox"/> PLAAFP	<input type="checkbox"/> Extended school year	<input type="checkbox"/> Review/development of annual goals	
<input type="checkbox"/> Schedule of services	Student Signature: (if applicable)		
Parent or adult student agrees to waive the 5 school day written notice requirement prior to implementing services agreed upon in this IEP meeting.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
SHARS Consent:	Do not include SHARS consent./Include SHARS consent.		
Initial	I/we have been informed in my/our native language about the School Health and Related Services (SHARS) program. I/we give my/our consent for the school district to access this student's Medicaid benefits for services described in this IEP now or if he/she becomes eligible prior to expiration of this IEP.		
SHARS Consent Expires:			

Mutual Agreement of IEP Committee Members (Choose one):

- All members are in agreement.
- The members of the IEP committee have not reached mutual agreement.
- The members of this IEP committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than 10 school days. During the recess the members shall consider alternatives, gather additional data, and/or obtain additional resource persons to enable them to reach mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or others, or if the student has committed an expellable offense, or an offense which may lead to a placement in an alternative education program (AEP). The committee will reconvene as stated below.

Date:

Time:

Location:

X. Deliberations:

