

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME									
DOB		SCHOOL YEAR		-		GRADE		-	
IEP INITIATION/DURATION DATES		FROM				TO			
This IEP will be implemented during the regular school term unless noted in extended school year services.									
STUDENT PROFILE – WILL INCLUDE GENERAL STATEMENTS REGARDING:									
Strengths of the student –									
Include information regarding the student's strengths in academic and functional areas.									
Parental concerns for enhancing the education –									
Include all information regarding the parental concerns for enhancing the education of their child.									
Student Preferences and/or Interests –									
This area includes information obtained from parent, teacher(s), and the student regarding preferences and interests. Include all information concerning student preferences and/or interests including transition information.									
Results of the most recent evaluations –									
Include all information concerning evaluation results. This information should be written in meaningful terms so that the parent and service providers have a clear understanding of the evaluation results.									
The academic, developmental, and functional needs of the student –									
Include all information concerning how the student's disability affects his/her involvement and progress in the general education curriculum, and, for preschool age children, how the disability affects his/her participation in age-appropriate activities.									
Other –									
Include any information pertinent to the development of the IEP that was not included anywhere else on the Student Profile page.									
For the child transitioning from EI to Preschool, justify if the IEP will not be implemented on the child's 3rd birthday –									
This should only be completed if the child is not being served under IDEA on the child's third birthday. (e.g., if a child's birthday is during the summer or holiday(s) justification is required).									

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DOB: _____

SPECIAL INSTRUCTIONAL FACTORS

Items checked "YES" will be addressed in this IEP:

	YES	NO
• Does the student have behavior which impedes his/her learning or the learning of others?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the student have a Behavioral Intervention Plan?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the student have limited English proficiency?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the student need instruction in Braille and the use of Braille?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the student have communication needs?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the student need assistive technology devices and/or services?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the student require specially designed P.E.?	<input type="checkbox"/>	<input type="checkbox"/>
• Has the IEP Team determined the student meets the participation criteria for the Alabama Alternate Assessment and will be taught the alternate achievement standards?	<input type="checkbox"/>	<input type="checkbox"/>
• Are transition services addressed in this IEP?	<input type="checkbox"/>	<input type="checkbox"/>

TRANSPORTATION

Student's mode of transportation:

Regular bus Bus for special needs Parent contract Other: _____

Does the student require transportation as a related service? YES NO

If Yes is checked for related service, a representative from the transportation department was either included in the meeting or in discussions prior to the meeting about the transportation needs for this student. Personnel have been informed of his/her specific responsibilities for IEP implementation.

Check any transportation needs:

Bus assistance: Adult support Medical support

Preferential seating If checked, describe: _____

Behavioral Intervention Plan

Wheelchair lift

 If checked, select one Transfer to bus seat Wheelchair securement system

Restraint system

 If checked, Specify type: _____

Other, Specify: _____

NONACADEMIC and EXTRACURRICULAR ACTIVITIES

Will the student have the opportunity to participate in nonacademic/extracurricular activities with his/her nondisabled peers?

YES.

YES, with supports. Describe: _____

NO. Explanation must be provided: _____

METHOD/FREQUENCY FOR REPORTING PROGRESS OF ATTAINING GOALS TO PARENTS

Annual Goal Progress reports will be sent to parents each time report cards are issued (every _____ weeks).

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Transition: Beginning not later than the first IEP to be in effect when the student is 16, or earlier if appropriate, and updated annually thereafter. For all students entering 9th grade regardless of their age, transition must be addressed.

- This student was invited to the IEP Team meeting on _____ via _____.
- After prior consent of the parent or student (Age 19) was obtained, other agency representatives were invited to the IEP Team meeting.
- Transition services based on the student's strengths, preferences, and interests that will reasonably enable the student to meet the postsecondary goals are addressed on the transition goal page in this IEP.

Age-appropriate Transition Assessments:

(Select the assessment(s) used to determine the student's measurable postsecondary transition goals.)

- Student Interview
- Parent Interview
- Student Survey
- Other _____
- Career Awareness
- Student Portfolio
- Vocational Assessment
- Interest Inventory
- Interest Learning Profile
- Career Aptitude

Enter the assessment(s) used to determine the student's selected long-term postsecondary transition goals:

Postsecondary Education/Training Goal

Assessment: _____ Date: _____
Assessment: _____ Date: _____

Long-Term Goal:

If Other is selected, specify: _____

Employment/Occupation/Career Goal

Assessment: _____ Date: _____
Assessment: _____ Date: _____

Long-Term Goal:

If Other is selected, specify: _____

Community/Independent Living Goal

Assessment: _____ Date: _____
Assessment: _____ Date: _____

Long-Term Goal:

If Other is selected, specify: _____

- This student is in a middle school course of study that will help prepare him/her for transition.

Anticipated Date of Exit: Month: _____ Year: _____

Selected Pathway to the Alabama High School Diploma:

- General Education Pathway (Intended to prepare student for college and career)
- Essentials Pathway (Intended to prepare student for a career/competitive employment)
- Alternate Achievement Standards Pathway (AAS) (Intended to prepare students for supported/competitive employment)

Program Credits to be Earned (Complete for students in grades 9-12)

For each course taken indicate program credits to be earned next to the appropriate pathway.	ENGLISH	MATH	SCIENCE	SOCIAL STUDIES
General Education Pathway				
Essentials Pathway				
Alternate Achievement Standards Pathway				

Elective(s) _____ (enter total number of electives)

**INDIVIDUALIZED EDUCATION PROGRAM
ANNUAL TRANSITION GOAL(S)**

STUDENT'S NAME: _____

DOB: _____

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

Based on the student's strengths, preferences, interests, and needs related to the postsecondary goals (include a description of age-appropriate transition assessments).

(Link to Transition Standards)

MEASURABLE ANNUAL POSTSECONDARY TRANSITION GOALS:

Academic areas may be written separately or embedded within the transition goal. Address transition services, activities, and person(s)/agency involved for each goal area. (If more than one goal is needed in any one goal area below, additional goal pages can be added.)

Postsecondary Education/Training Goal:

Date of Completion/Mastery:

***Transition Service(s):** _____

Transition Activities:

(Enter a numbered list of all activities to assist the student in achieving his/her long-term Postsecondary Education/Training goal.)

1.

2.

Person(s)/Agency Involved: _____

Employment/Occupation/Career Goal:

Date of Completion/Mastery:

***Transition Service(s):** _____

Transition Activities:

(Enter a numbered list of all activities to assist the student in achieving his/her long-term Employment/Occupation/Career goal.)

1.

2.

Person(s)/Agency Involved: _____

Community/Independent Living Goal:

Date of Completion/Mastery:

***Transition Service(s):** _____

Transition Activities:

(Enter a numbered list of all activities to assist the student in achieving his/her long-term Community/Independent Living goal.)

1.

2.

Person(s)/Agency Involved: _____

***Transition Services: Consider these service areas:**

Vocational Evaluations (VE), Community Experiences (CE), Personal Management (PM), Transportation (T), Employment Development (ED), Medical (M), Postsecondary Education (PE), Living Arrangements (LA), Linkages to Agencies (LTA), Advocacy/Guardianship (AG), Financial Management (FM), and if appropriate, Functional Vocational Evaluation (FVE).

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STUDENT'S NAME: _____

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Identify the area the MEASURABLE ANNUAL GOAL will address. The area may be a core academic content area (e.g., math, science) and/or a functional area (e.g., community participation, communication, self-determination, behavior).

AREA: _____

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

State how the student's disability affects his/her involvement and progress in the general education curriculum for this particular area of instruction, or for preschool age students, how the disability affects the student's participation in age-appropriate activities.

[\(Link to Curriculum Guides\)](#)

[\(Link to Alternate Achievement Standards\)](#)

MEASURABLE ANNUAL GOAL related to meeting the student's needs:

Target the individual needs of the student resulting from the student's disability and how the student's disability affects his/her involvement and progress in the general education curriculum. Describe what a student can reasonably be expected to accomplish within one school year.

DATE OF MASTERY: _____

TYPE(S) OF EVALUATION FOR ANNUAL GOAL:

Check each type of evaluation that will be used to evaluate the MEASURABLE ANNUAL GOAL. (At least one must be chosen.)

Curriculum Based Assessment Teacher/Text Test Teacher Observation Grades

Data Collection State Assessment(s) Work Samples

Other: _____ Other: _____

BENCHMARKS:

Include at least two Benchmarks for students working on Alternate Achievement Standards or for students in public agencies that require Benchmarks. Benchmarks are required for all students working on Alternate Achievement Standards. This includes academic goals and functional goals, regardless of whether it is a testing year.

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

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STUDENT'S NAME: _____

DOB: _____

SPECIAL EDUCATION AND RELATED SERVICE(S): (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel.)

Special Education

Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Duration Dates	Location of Service(s)
			to	
			to	

Related Services Needed Not Needed

Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Duration Dates	Location of Service(s)
			to	
			to	

Supplementary Aids and Services Needed Not Needed

Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Duration Dates	Location of Service(s)
			to	
			to	

Program Modifications Needed Not Needed

Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Duration Dates	Location of Service(s)
			to	
			to	

Accommodations Needed for Assessments Needed Not Needed

Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Duration Dates	Location of Service(s)
			to	
			to	

Assistive Technology Needed Not Needed

Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Duration Dates	Location of Service(s)
			to	
			to	

Support for Personnel Needed Not Needed

Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Duration Dates	Location of Service(s)
			to	
			to	

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TRANSFER OF RIGHTS

(Beginning not later than the IEP that will be in effect when the student reaches 18 years of age.)

Date student was informed that the rights under the IDEA will transfer to him/her at the age of 19 _____

EXTENDED SCHOOL YEAR SERVICES (ESY)

The IEP Team has considered the need for extended school year services. Yes No

LEAST RESTRICTIVE ENVIRONMENT

Does this student attend the school (or for a preschool-age student, participate in the environment) he/she would attend if nondisabled? Yes No

If no, explain:

Does this student receive all special education services with nondisabled peers? Yes No

If no, explain (explanation may not be solely because of needed modifications in the general curriculum):

6-21 YEARS OF AGE

3-5 YEARS OF AGE

Least Restricted Environment:

COPY OF IEP

Was a copy of the IEP given to parent/student (age 19) at the IEP Team meeting?

Yes No

If no, date sent: _____

COPY OF SPECIAL EDUCATION RIGHTS

Was a copy of the *Special Education Rights* given to parent/student (age 19) at the IEP Team meeting?

Yes No

If no, date sent: _____

Date copy of **amended** IEP provided/sent to parent/student (age 19): _____

THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP.

Position	Signature	Date
Parent		
Parent		
General Education Teacher		
Special Education Teacher		
LEA Representative		
Someone Who Can Interpret the Instructional Implications of the Evaluation Results		
Student		
Career/Technical Education Representative		
Other Agency Representative		

INFORMATION FROM PEOPLE NOT IN ATTENDANCE

Position	Name	Date