

Individualized Education Program

[District Name] Public Schools

Student Name:	Meeting Date:
SASID:	Reason for Meeting/Amendment:
Date of Birth:	Parent/Guardian Name:
Current Grade:	Primary Disability:
Current Enrolled School:	School Next Year:
Most Recent Evaluation Date:	Next Reevaluation Date:
Most Recent Annual Review Date:	Next Annual Review Date:
Case Manager:	

Planning and Placement Team (PPT) Members Present

Name	Role
<i>(Additional rows will be added as needed)</i>	

(Note: If a required member of the PPT is not present, the ED634 is required to conduct the PPT meeting.)

The student is eligible for special education and related services: (Yes, No, Pending)

Student Profile (optional)

Briefly describe the child's past accomplishments, preferences and future goals (in and out of school).

Enter Profile Here

Special Considerations

Factors the PPT must consider before developing the individualized education program (IEP):

Does the student exhibit behaviors that impede learning for self or others?

- No
- Yes (check all that apply)
 - IEP goal(s) and objectives will be developed to address the behavior.
 - A behavioral intervention plan based on a functional behavior assessment has been developed.
 - Other: _____

Is the student deaf or hard of hearing?

- No
- Yes – Language and Communication Plan (Form ED638) is **required**.

Is the student blind or visually impaired?

- No
- Yes
 - Instruction in braille or use of braille is being provided, as required.
 - The PPT determined, after an evaluation of the student’s reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the student’s future need for instruction in braille or the use of braille), that instruction in braille or the use of braille is not appropriate for this student.

Does the student have limited English proficiency?

- No
- Yes – The PPT considered the language needs of the student as they relate to the student’s IEP and recommends the following: _____

Does the student require accessible educational materials (AEM)?

- No
- Yes – The PPT determined that the student has a print-related disability (e.g., SLD/Dyslexia, blind/VI, physical limitations). See annual goals/objectives and accommodations for details.

Does the student require an alternative mode of communication?

- No
- Yes – The PPT reviewed the communication needs of the student. See annual goals/objectives and accommodations for details.

Is the student being considered for participation in the Connecticut Alternate Assessment system?

- No
- Yes – The Learner Characteristic Inventory (LCI) is **required**. The LCI must be completed and used to determine the student’s eligibility to participate in the Alternate Assessment system.

Transition Planning

(Required for students for whom this IEP will be in effect when the student turns 16, or younger if appropriate)

Is the PPT developing post-secondary/transition goals and services for the student?

- No
- Yes

1. Transition Assessment(s): _____ Date(s): _____

Assessment Data Summary: _____

2. Is there evidence that the student has sufficient skills for independent living?

- Yes, a transition goal for independent living is not needed
- No, the PPT should consider a transition goal for independent living

3. Is the student in attendance at the meeting?

- Yes
- No

Summary of the student's preferences and interests: _____

4. Were any outside agencies invited to attend the PPT meeting?

- Yes, written consent was provided
- No, written consent was not provided
- No, not appropriate

Transition Services

Post-Secondary Outcome Goal Statements:

Education/Training:

Employment:

Independent Living: *(optional)*

Course of Study:

Course of study: *A description of coursework and/or activities to achieve the student's desired post-secondary outcome goals, from the student's current year to the anticipated exit year.*

The student has completed academic requirements; no academic course of study is required and the student's IEP includes only transition goals and services.

Transition Annual Goals

Education/Training	
Annual Goal (Include Evaluation Criteria and Method)	<u>Evaluation Schedule</u> <i>When Progress will be Measured</i>
Short-term Objectives/Benchmarks (Include Evaluation Criteria and Method)	Evaluation Schedule
1.	
2.	
Accommodations/Modifications/Assistive Technology:	
The Education/Training Annual Goal is addressed through Annual Goal # (Enter Annual Goal #)	

Employment	
Annual Goal (Include Evaluation Criteria and Method)	<u>Evaluation Schedule</u> <i>When Progress will be Measured</i>
Short-term Objectives/Benchmarks (Include Evaluation Criteria and Method)	Evaluation Schedule
1.	
2.	
Accommodations/Modifications/Assistive Technology:	
The Employment Annual Goal is addressed through Annual Goal # (Enter Annual Goal #)	

Independent Living	
(Will appear if there is a Post-Secondary Outcome Goal Statement for Independent Living) Annual Goal (Include Evaluation Criteria and Method)	<u>Evaluation Schedule</u> <i>When Progress will be Measured</i>
Short-term Objectives/Benchmarks (Include Evaluation Criteria and Method)	Evaluation Schedule
1.	
2.	
Accommodations/Modifications/Assistive Technology:	
The Independent Living Annual Goal is addressed through Annual Goal # (Enter Annual Goal #)	

Present Levels of Academic Achievement and Annual Goal(s) and Objectives

Academic/Cognitive Achievement (e.g., Reading, Writing, Mathematics, Science, Social Studies)
Parent and Student Input/Concerns:
Data/Assessment Information:

Area:
Present Level of Performance:
Strengths:
Concerns/Needs:
Impact Statement:

Annual Goal # _____ (Include Evaluation Criteria and Method)	<u>Evaluation Schedule</u> <i>When Progress will be Measured</i>		
Short-term Objectives/Benchmarks (Include Evaluation Criteria and Method)	Evaluation Schedule		
1.			
2.			
3. <i>(and more, if needed)</i>			
CT Core Standards Aligned to this Goal: (Pre-K=Early Learning Development Standards)			
Supplemental Aids and Services:	Service Information		
	Duration	Location	Dates
Accommodations-			
Modifications-			
Assistive Technology-			
<i>*Additional rows added as needed (if service information is different)</i>			
Related Service(s) necessary to achieve this goal (if any)-			

Present Levels of Functional Performance and Annual Goal(s) and Objectives

Functional Performance
(e.g., Communication, Behavior, Health and Development, Fine Motor, Gross Motor)
Parent and Student Input/Concerns:
Data/Assessment Information:

Area:
Present Level of Performance:
Strengths:
Concerns/Needs:
Impact Statement:

Annual Goal # _____ (Include Evaluation Criteria and Method)	<u>Evaluation Schedule</u> <i>When Progress will be Measured</i>
Short-term Objectives/Benchmarks (Include Evaluation Criteria and Method)	Evaluation Schedule
1.	
2.	
3. <i>(and more, if needed)</i>	
CT Core Standards Aligned to this Goal: <i>(Pre-K=Early Learning Development Standards)</i>	

Supplemental Aids and Services:	Service Information		
	Duration	Location	Dates
Accommodations-			
Modifications-			
Assistive Technology-			

**Additional rows added as needed (if service information is different)*

Related Service(s) necessary to achieve this goal (if any)-

Additional Supports and Services

Are any additional accommodations, modifications or assistive technology supports needed?

- No
- Yes

(If Yes, the following will appear)

Area (e.g., Executive Functioning, Physical Environment):			
Supplemental Aids and Services:	Service Information		
	Duration	Location	Dates
Accommodations-			
Modifications-			
Assistive Technology-			
<i>*Additional rows added as needed (if service information is different)</i>			

Special Education and Related Services

Special Education Services	Goal(s) #	Frequency	Responsible Staff	Service Implementer	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Site*	If needed, description of Instructional Service Delivery (e.g. small group, team taught classes, etc.)
Related Services								

Indirect Services (if needed):

Supports required for school personnel to implement this IEP include:

Service	Goal(s)#	Frequency	Responsible Staff	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)

*Instructional Site Codes:	
1. General Education Classroom	5. Community-Based Setting
2. Resource Room	6. Homebound or Hospitalized Instruction
3. Related Service Room	7. Instruction Conducted in the Home
4. Self-Contained Classroom	8. Other

Are extended school year (ESY) services required for the Student to receive FAPE?

- No
- Yes

(If Yes, the following will appear)

ESY Services

Special Education Services	Goal(s) #	Frequency	Responsible Staff	Service Implementer	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Site*	If needed, description of Instructional Service Delivery (e.g. small group, team taught classes, etc.)
Related Services								

Indirect Services for ESY (if needed):

Supports required for school personnel to implement this IEP include:

Service	Goal(s)#	Frequency	Responsible Staff	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)

Transportation

Does the Student require special transportation as a related service?

No – Regular Transportation

Yes – Special Transportation will be provided with the following:

- Vehicle type: _____
- Services and Supports: _____
- Specialized Equipment: _____

Removal from the General Education Environment

Total School Hours/Week:

Special Education Hours/Week:

Hours per week the student will spend with non-disabled peers:

Percentage of time with non-disabled peers (TWNDP): *Calculated as Hrs. per week with non-disabled peers ÷ Total School Hrs.*

If TWNDP = < 100, the following will appear:

1. Explain the extent to which the student will not participate in general education classes and non-academic activities with non-disabled peers: _____

2. Justification for the removal from the general education environment: _____

3. Will the student be removed from the general education environment for 60% or more of the time?
 - No
 - Yes – The LRE Checklist (ED632) is **required**.

District and State Testing Information

English Language Proficiency (ELP) Assessment

Has the student been identified as an English Learner?

No

Yes - English Language Proficiency Assessment is **required** for all English Learners Grades K-12.

Accommodations:

No accommodations will be provided

Accommodations will provided as specified: _____

Student will participate in the Alternate ELP Assessment (if available).

Districtwide Assessments

No districtwide assessments are scheduled during the term of this IEP

The student will participate in Standard District Assessment(s): Enter name of assessment(s)

Accommodations:

No accommodations will be provided

Accommodations will provided as specified: _____

The student will participate in Alternate District Assessment(s): Enter name of assessment(s)

Statewide Assessments

What grade will the student be in during the next statewide assessment testing window?

Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12

(If EL=No and Grade Pre-K, K, 1, 2, 9, 10, or 12 is selected, the following will appear)

No statewide assessments are scheduled during the term of this IEP.

(If EL=Yes and Grade Pre-K, K, 1, 2, 9, 10, or 12 is selected, the following will appear)

The student will participate in the ELP Assessment. (No ELP Assessment in Pre-K.)

(If EL=No and Grade 3, 4, 6, or 7 is selected, the following will appear)

- The student will participate in the Smarter Balanced Assessment.
- The student will participate in the CTAA.

(If EL=Yes and Grade 3, 4, 6, or 7 is selected, the following will appear)

- The student will participate in the ELP and Smarter Balanced Assessments.
- The student will participate in the ELP Assessment and CTAA.

(If EL=No and Grade 5 or 8 is selected, the following will appear)

- The student will participate in the Smarter Balanced and NGSS Assessments.
- The student will participate in the CTAA and CTAS.

(If EL=Yes and Grade 5 or 8 is selected, the following will appear)

- The student will participate in the ELP, Smarter Balanced and NGSS Assessments.
- The student will participate in the ELP Assessment, CTAA and CTAS.

(If EL=No and Grade 11 is selected, the following will appear)

- The student will participate in the CT School Day SAT and NGSS Assessments.
- The student will participate in the CTAA and CTAS.

(If EL=Yes and Grade 11 is selected, the following will appear)

- The student will participate in the ELP, CT School Day SAT and NGSS Assessments.
- The student will participate in the ELP Assessment, CTAA and CTAS.

(If Alternate District Assessment(s) or Alternate Assessment System is selected, the following will appear)

Alternate assessments must be specified and a statement provided for each as to why the student cannot participate in the standard assessment and why the particular alternate assessment selected is appropriate for the student.

Enter Statement Here

“Evidence supports that Learning Characteristics Inventory criteria have been met.”

Administration Options – Accommodations

(If grade 3, 4, 6, or 7 Smarter Balanced Assessment is selected, the following will appear)

- The student is participating in the Smarter Balanced Assessment and no accommodations are needed.
- The student is participating in the Smarter Balanced Assessment and requires designated supports and/or accommodations (The *Test Designated Supports/Accommodations* form is required).

(If grade 5 or 8 Smarter Balanced and NGSS is selected, the following will appear)

- The student is participating in the Smarter Balanced and NGSS and no accommodations are needed.
- The student is participating in the Smarter Balanced and NGSS and requires designated supports and/or accommodations (The *Test Designated Supports/Accommodations* form is required).

(If grade 11 CT School Day SAT and NGSS is selected, the following will appear)

- The student will participate in the CT School Day SAT and NGSS and no accommodations are needed.
- The student is participating in the CT School Day SAT and NGSS. SAT accommodations will be requested through the College Board and NGSS accommodations will be requested through TIDE.

Transfer of Rights

At least one year prior to reaching the age of 18, students must be informed of their rights under IDEA that will transfer at age 18.

Will the student be 17 within one year from today's date?

No

Yes

The student has been informed of the rights under IDEA, which will transfer to the student at age 18.

No IDEA rights will transfer. Date of supporting documentation: _____

Progress Reporting

A report of progress toward meeting the Annual Goals and Short Term Objectives included in this IEP will be sent to the parent(s):

Consistent with general education grade-level report cards

Other: _____

Recommendations

The PPT recommends the following service(s) and placement* for the student:

1.

2.

3. *(and more, if needed)*

*In the case of a residential placement, explain whether such placement is being recommended because of the need for services other than educational services.

Resources

The following documents were provided to the parent(s) at this meeting:

Procedural Safeguards in Special Education

Parental Notification of the Laws Relating to Physical Restraint and Seclusion in the Public Schools

A Parent's Guide to Special Education

IEP Manual

Building a Bridge

Transition Bill of Rights

Other: _____