

Individualized Education Program

[District Name] Public Schools

Student Name:	Meeting Date:
SASID:	Case Manager
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:
Surrogate Parent: <i>(if applicable)</i>	

Reason for Meeting:

PLANNING AND PLACEMENT TEAM (PPT) MEMBERS PRESENT

Name	Role
Student Name	Student
Parent/Guardian Name	Parent/Guardian
Name 1	Role 1
Name 2	Role 2
Name 3	Role 3
<i>(Additional rows will be added as needed)</i>	

IEP AMENDMENT *(Only print for Amendments)*

IEP Amendment Implementation Date:

The following section(s) of the IEP were amended:

Section	Changes
Section name	Text
Section name	Text
Section name	Text

Planning and Placement Team Recommendations

The PPT recommends the following:

- Recommendation 1
- Recommendation 2
- Recommendation 3 *(Additional rows will be added as needed)*

Special Considerations

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 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 that instruction in braille or the use of braille is not appropriate for this student after an evaluation of the student's 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).
-

Does the student have limited English proficiency? (Student qualifies as an EL)

- No
 - Yes – Student's native language is: *(Populate with PSIS native language data)*.
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/or supplementary aids and services 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/or supplementary aids and services for details.

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

ACADEMIC, PRE-ACADEMIC, COGNITIVE ACHIEVEMENT

Parent and/or Student Input

GOAL AREA: *(E.g., Reading)*

Present Level of Performance

Strengths

Concerns/Needs

Impact of student’s disability on involvement and progress in the general education curriculum or appropriate preschool activities

Annual Goal 1	Evaluation Method
<i>Goal Statement #1 for Reading</i>	<i>Eval Procedure</i>
Short-term Objectives/Benchmarks	Progress Monitoring Schedule
<i>Obj. 1</i>	<i>Eval Schedule</i>
<i>Obj. 2</i>	<i>Eval Schedule</i>
<i>Obj. 3 (and more, if needed)</i>	<i>Eval Schedule</i>
CT Core Standards Aligned to this Goal (Early Learning Development Standards)	
<i>Standard 1</i>	
<i>Standard 2</i>	
Related Service(s) necessary to achieve this goal (if any)	
<i>Related Service Name</i>	

Annual Goal 2	Evaluation Method
<i>Goal Statement #2 for Reading</i>	<i>Eval Procedure</i>
Short-term Objectives/Benchmarks	Progress Monitoring Schedule
<i>Obj. 1</i>	<i>Eval Schedule</i>
<i>Obj. 2</i>	<i>Eval Schedule</i>
<i>Obj. 3 (and more, if needed)</i>	<i>Eval Schedule</i>
CT Core Standards Aligned to this Goal (Early Learning Development Standards)	
<i>Standard 1</i>	
Related Service(s) necessary to achieve this goal (if any)	
<i>Related Service Name</i>	

GOAL AREA: *(E.g., Mathematics)*

Present Level of Performance

Strengths

Concerns/Needs

Impact of student’s disability on involvement and progress in the general education curriculum or appropriate preschool activities

Annual Goal 3	Evaluation Method
<i>Goal Statement #1 for Mathematics</i>	<i>Eval Procedure</i>
Short-term Objectives/Benchmarks	Progress Monitoring Schedule
<i>Obj. 1</i>	<i>Eval Schedule</i>
<i>Obj. 2</i>	<i>Eval Schedule</i>
<i>Obj. 3 (and more, if needed)</i>	<i>Eval Schedule</i>

CT Core Standards Aligned to this Goal:
(Early Learning Development Standards)

Standard 1

Standard 2

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

Related Service Name

Additional Data/Assessment Information (not included in Present Level(s) of Performance)

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

FUNCTIONAL PERFORMANCE

Parent and/or Student Input

GOAL AREA: *(E.g., Communication)*

Present Level of Performance

Strengths

Concerns/Needs

Impact of student’s disability on involvement and progress in the general education curriculum or appropriate preschool activities

Annual Goal 4

Evaluation Method

Goal Statement #1 for Communication

Eval Procedure

Short-term Objectives/Benchmarks

Progress Monitoring Schedule

Obj. 1

Eval Schedule

Obj. 2

Eval Schedule

Obj. 3 (and more, if needed)

Eval Schedule

CT Core Standards Aligned to this Goal
(Early Learning Development Standards)

Standards are optional for Functional Performance Goals

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

Additional Data/Assessment Information (not included in Present Level(s) of Performance)

Transition Planning

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

Yes No

Transition Assessment

Date

Example 1
Example 2

Date
Date

Assessment Data Summary

Enter summary information here

History of transition assessments

Transition Assessment

Date

Example 1
Example 2
Example 3
Example 4

Date
Date
Date
Date

Does the student require specially designed instruction to support independent living skills?

Yes No

Transition planning and services must address independent living skills *(Display if yes)*

Transition planning and services to support independent living skills are not needed *(Display if no)*

Is the student in attendance at the meeting?

Yes or No appears here

Summary of the student’s preferences and interests

Text appears here

Were any outside agencies invited to attend the PPT meeting?

Text appears here

Has any participating agency agreed to provide or pay for services/linkages?

Yes or No appears here (If Yes, description)

Postsecondary Outcome Goal Statements

Postsecondary Education or Training

Employment

Independent Living Skills

Course of Study

Has the student completed academic requirements?

Yes No

No academic course of study is required and the student’s IEP includes only transition goals and services. *(Display if Yes)*

Course of Study: Description of coursework and/or activities needed to assist the student in achieving postsecondary goals, from the student’s current year to the anticipated exit year. *(Display if No)*

Anticipated Exit Criteria: The student will be exited from special education upon:

Transition Present Levels, Goals and Objectives

Parent and/or Student Input: Transition

Present Level of Performance: Transition

Strengths

Concerns/Needs

Impact of student’s disability on involvement and progress in the general education curriculum

TRANSITION GOAL AREA: POSTSECONDARY EDUCATION OR TRAINING

The Postsecondary Education/Training Annual Goal is supported by the following Annual Goal:

If selected, Goal # and Goal Statement will appear here.

Annual Goal 5	Evaluation Method
<i>Goal Statement #1 for Postsecondary Education/Training</i>	<i>Eval Procedure</i>
Short-term Objectives/Benchmarks	Progress Monitoring Schedule
<i>Obj. 1</i>	<i>Eval Schedule</i>
<i>Obj. 2</i>	<i>Eval Schedule</i>
<i>Obj. 3 (and more, if needed)</i>	<i>Eval Schedule</i>
Standards Aligned to this Goal	
<i>Standard 1</i>	
<i>Standard 2</i>	
Related Service(s) necessary to achieve this goal (if any)	
<i>Related Service Name</i>	

TRANSITION GOAL AREA: EMPLOYMENT

The Employment Annual Goal is supported by the following Annual Goal:

If selected, Goal # and Goal Statement will appear here.

Annual Goal 6	Evaluation Method
<i>Goal Statement #1 for Employment</i>	<i>Eval Procedure</i>
Short-term Objectives/Benchmarks	Progress Monitoring Schedule
<i>Obj. 1</i>	<i>Eval Schedule</i>
<i>Obj. 2</i>	<i>Eval Schedule</i>
<i>Obj. 3 (and more, if needed)</i>	<i>Eval Schedule</i>
Standards Aligned to this Goal	
<i>Standard 1</i>	
Related Service(s) necessary to achieve this goal (if any)	
<i>Related Service Name</i>	

TRANSITION GOAL AREA: INDEPENDENT LIVING SKILLS *(Will appear if needed)*

The Independent Living Skills Annual Goal is supported by the following Annual Goal:

If selected, Goal # and Goal Statement will appear here.

Annual Goal 7	Evaluation Method
Goal Statement #1 for Independent Living Skills	Eval Procedure
Short-term Objectives/Benchmarks	Progress Monitoring Schedule
Obj. 1	Eval Schedule
Obj. 2	Eval Schedule
Obj. 3 (and more, if needed)	Eval Schedule
Standards Aligned to this Goal	
None	
Related Service(s) necessary to achieve this goal (if any)	
Related Service Name	

Special Education and Related Services

SPECIAL EDUCATION SERVICES

Service	Goal ID	Frequency	Duration	Responsible Staff	Service Implementer	Start Date	End Date	Site	Instructional Service Delivery

RELATED SERVICES

Service	Goal ID	Frequency	Duration	Responsible Staff	Service Implementer	Start Date	End Date	Site	Instructional Service Delivery

***Instructional Site Codes:**

- 1a. General Education Setting 50% or more non-disabled peers
- 1b. General Education Setting less than 50% non-disabled peers
- 2a. Resource Setting
- 2b. Separate Setting/Program
- 2c. Related Service Setting
- 3a. Community-Based Setting 50% or more non-disabled peers
- 3b. Community-Based Setting less than 50% non-disabled peers

Supplementary Aids and Services

Supplementary aids and services will be provided for the duration of the IEP unless otherwise noted.

ACCOMMODATION	Area(s)/Locations
<i>Example #1</i>	<i>Location 1, Location 2</i>
<i>Example #2</i>	<i>Location 1, Location 2, Location 3, Location 4</i>
<i>Example #3</i>	<i>All areas/Locations</i>

MODIFICATION	Area(s)/Locations
<i>Example #1</i>	<i>Location 1, Location 2, Location 3</i>
<i>Example #2</i>	<i>Location 1, Location 2, Location 3</i>

ASSISTIVE TECHNOLOGY	Area(s)/Locations
<i>Example #1</i>	<i>Location 1</i>
<i>Example #2</i>	<i>All areas/Locations</i>

ADULT SUPPORT	Area(s)/Locations
<i>Example #1</i>	<i>All areas/Locations</i>

Indirect Services

Are supports required for school personnel to implement this IEP?

Yes No *(If Yes, the following will appear)*

Supports required for school personnel to implement this IEP include:

Service	Goal ID	Frequency	Duration	Responsible Staff	Start Date	End Date

ESY Services

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

Yes No *(If Yes, the following will appear)*

ESY SPECIAL EDUCATION SERVICES

Service	Goal ID	Frequency	Duration	Responsible Staff	Service Implementer	Start Date	End Date	Site	Instructional Service Delivery

ESY RELATED SERVICES

Service	Goal ID	Frequency	Duration	Responsible Staff	Service Implementer	Start Date	End Date	Site	Instructional Service Delivery

***Instructional Site Codes:**

- 1a. General Education Setting 50% or more non-disabled peers
- 1b. General Education Setting less than 50% non-disabled peers
- 2a. Resource Setting
- 2b. Separate Setting/Program
- 2c. Related Service Setting
- 3a. Community-Based Setting 50% or more non-disabled peers
- 3b. Community-Based Setting less than 50% non-disabled peers

Indirect Services for ESY

Supports required for school personnel to implement this IEP include:

Service	Goal ID	Frequency	Duration	Responsible Staff	Start Date	End Date

Transportation

Does the Student require special transportation as a related service?

Yes No

Regular Transportation *(Display if No)*

Special Transportation will be provided with the following: *(Display if Yes)*

Supports

Specialized Equipment

Vehicle Requirements

Removal from the General Education Environment

SCHOOL YEAR: 2022-23

Length of School Year		Length of School Day		Total School Hours/Week
XXX Days		X.XX Hours		XX Hours
Start Date	End Date	Special Education Hours/Week	Hours/Week with Non-Disabled Peers	Percentage of Time with Non-Disabled Peer
9/4/22	1/22/23	X.XX	XX	XX %
1/23/23	6/15/23	X.XX	XX	XX %

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

Justification for the removal from the general education environment

Will the student be removed from the general education environment for 60% or more of the time?

Yes No

The LRE Checklist is required *(Display if Yes)*

At the time of this IEP implementation, will the student be living at a Private Residential Facility?

Yes No

The placement was made by: *(Display if Yes)*

District and State Testing Information

ENGLISH LANGUAGE PROFICIENCY (ELP) ASSESSMENT

Has the student been identified as an English Learner?

Yes No

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

The student will participate in the ELP / Alternate ELP Assessment *(One option will display)*

Participation

Participation level displayed here – with or without accommodations

Designated Supports and Accommodation(s)

Example 1

Example 2

Example 3

DISTRICTWIDE ASSESSMENTS

District Assessment participation displayed here

Assessment	Participation
<i>Example #1</i>	<i>Example #1</i>
<i>Example #2</i>	<i>Example #2</i>
<i>Example #3</i>	<i>Example #3</i>

Designated Supports and Accommodations

Displayed here, if any

STATEWIDE ASSESSMENTS

District Assessment participation displayed here

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

Current Grade and/or Next Grade

The student will participate in the Smarter Balanced Assessment.

Assessment: *Assessment Name*

Participation

With Accommodations

Designated Supports and Accommodation(s)

Example 1

Example 2

Example 3

Assessment: *Assessment Name*

Participation

Without Accommodations

Smarter Balanced designated supports and accommodations will be submitted directly to the testing vendor on behalf of the district.

The student will participate in the Next Generation Science Standards Assessment.

Assessment: *Assessment Name*

Participation

With Accommodations

Designated Supports and Accommodation(s)

Example 1

Example 2

Example 3

NGSS designated supports and accommodations will be submitted directly to the testing vendor on behalf of the district.

The student will participate in the CTAA Assessment.

Assessment: *Assessment Name*

Participation

With Accommodations

Designated Supports and Accommodation(s)

Example 1

Example 2

The student will participate in the CTAS Assessment.

Assessment: *Assessment Name*

Participation

With Accommodations

Designated Supports and Accommodation(s)

Example 1

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.

Statement displays here

The student will participate in the CT School Day SAT Assessment

Assessment: *Assessment Name*

Participation

With Accommodations

Designated Supports and Accommodation(s)

Example 1

Example 2

Connecticut SAT School Day accommodations must be submitted by the district directly to College Board.

Transfer of Rights

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

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

Yes No

Date of supporting documentation *(Will appear if transfer of rights = No)*

Progress Reporting

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

Resources

The following documents were provided to the parent(s) at this meeting or sent electronically with parental permission:

Resource 1 (e.g., Procedural Safeguards)

Resource 2

Resource 3

Resource 4