

Student Name: _____ Meeting Date: _____

**_____ABC_____ SCHOOL SYSTEM
INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

IEP Meeting Date: 4/11/11		Purpose of IEP Meeting: Initial <input type="checkbox"/>		Annual Review <input type="checkbox"/>		Amendment <input type="checkbox"/>	
Student Name: Bob Smith			Date of Birth: 1/11/03		GTID#		
Eligibility Category(s): Specific Learning Disabilities and ADHD				Most Recent Eligibility Date(s): 10/10/08			
School: DEF School			Grade: 3.0		School Year: 2010-2011		
Parent(s): M/M Smith							
Address:					Email:		
Phone (home):		(work):			(cell phone):		

TEAM MEMBERS IN ATTENDANCE

REQUIRED MEMBERS	ADDITIONAL MEMBERS
Parent: Mr. John Smith	Name/Title:
Parent: Ms. Mary Smith	Name/Title:
Local Education Agency Representative (LEA): Dr. Jones, Principal	Name/Title:
Special Education Teacher: Ms. Jones	Name/Title:
Regular Education Teacher: Mr. Williams	Name/Title:
Student (age 18 or if transition is being discussed):	Name/Title:
Agency representative (responsible for transition services):	Name/Title:

I. PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Results of initial or most recent evaluation and results of state and district assessments:	
CRCT Math: 801 (800 is passing)	CRCT Reading: 780 (800 is passing)
Numbers and Operations	Vocabulary
Measurement	Comprehension
Algebra	Information
Data Analysis and Probability	
Description of academic, developmental and/or functional strengths:	
Positive responses to positive reinforcement programs	
High level in mathematics	
Desire to do well	
Gets along with others well	
Description of academic, developmental and/or functional needs:	
Reading fluency at 89 words correct per minute (below grade level); inconsistent use of vowel digraphs; two and three letter blends in words of two, or more, syllables; difficulty spelling the same vowels and consonants noted in reading; difficulty writing a paragraph with introduction, middle, end	
Bob also mispronounces: [s, sh, l, r] and short vowels [e, i oo]. He forgets to hand in homework that has been completed; has difficulty getting started on work; and difficulty organizing work into manageable steps.	
Often understands the material, but frequently performs poorly on tests; comes to class unprepared with materials, assignments, etc.	
Parental concerns regarding their child's education:	
Below grade level in reading	
Difficulties with spelling and writing	
Takes extended amounts of time to complete homework each night	
Forgets assignments or materials/books to complete assignments	
Impact of the disability on involvement and progress in the general education curriculum (for preschool, how the disability affects participation in appropriate activities):	
Bob's reading fluency problems make it impossible for him to read grade level books to understand the material. His spelling problems hinder his writing; he tends to write only what he can spell. Although he has good ideas for writing paragraphs, he has difficulty organizing his thoughts into a Beginning, middle, and end.	

II. CONSIDERATION OF SPECIAL FACTORS

- a) **Does the student have behavior which impedes his/her learning or the learning of others?** Yes No
If yes, consider the appropriateness of developing a Behavior Intervention Plan.
 Behavior Intervention Plan developed? Yes No
 Refer to Behavior Intervention Plan for additional information.

- b) **Does the student have Limited English proficiency?** Yes No
 If yes, consider the language needs as related to the IEP and describe below.

- c) **Does the student have blindness/visual impairment?** Yes No
 If yes, provide for instruction in Braille and the use of Braille, unless the IEP Team determines that instruction in Braille is not appropriate for the student after an evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media, including evaluation of future needs for instruction in Braille or the use of Braille. Describe below.

- d) **Does the student have communication needs?** Yes No
 If yes, consider the communication needs and describe below.

- e) **Is the student deaf or hard of hearing?** Yes No
 If yes, consider and describe the student's language and communication needs, opportunities for direct communication with peers and professional personnel in the student's language and communication mode, academic level and full range of needs, including opportunities for direct instruction in the student's language and communication mode. Describe communication needs below.

- f) **Does the student need assistive technology devices or services?** Yes No
 If yes, describe the type of assistive technology and how it is used. If no, describe how the student's needs are being met in deficit areas.

- g) **Does the student require alternative format for instructional materials?** Yes No
 If yes, specify format(s) of materials required below.

- Braille Large type Auditory Electronic text

Bob has just begun to use speech to text technology to access grade level curriculum

III. TRANSITION SERVICE PLAN

A transition service plan must be completed no later than entry into 9th grade or by age 16, whichever comes first, or younger, if determined appropriate by the IEP team and updated annually. If transition service plan is developed, attach to the IEP.

(Transition Plan Forms available on the DOE Website.)

Student Name: _____

Meeting Date: _____

EXAMPLE

IV. MEASURABLE ANNUAL GOALS

Measurable Annual Goals: Academic and/or functional goals designed to meet the child's needs that result from the disability to enable the child to be involved in and make progress in the general education curriculum or to meet each of the child's other educational needs that result from the disability.	Criteria for Mastery	Method of Evaluation	Progress At Reporting Period			
			1 (date)	2 (date)	3 (date)	4 (date)
1. Bob will increase reading fluency skills in grade level texts	107 Words Correct Per Minute	Grade Level Passage	10/1/11	12/15/11	2/15/11	4/15/11
2. Bob will accurately produce two letter and three letter blends in Isolation Single syllable words: closed and open syllables Multi-syllable words in Phrases Sentences Paragraphs Bob will accurately blend two letter and three letter blends using decodable texts	All two and three letter blends at a rate of one per second One per second One per second 95% Correct 95% Correct 95% Correct	Word Cards Decodable text	10/1/11	12/15/11	2/15/11	4/15/11

REPORT OF STUDENT PROGRESS

When will the parents be informed of the child's progress toward meeting the annual goals?

At the same time as students without disabilities...every 6 weeks, 9 weeks (more often if the IEP team deems it necessary)

V. MEASURABLE ANNUAL GOALS & SHORT TERM OBJECTIVES/BENCHMARKS

Academic and/or functional goals designed to meet the child’s needs that result from the disability to enable the child to be involved in and make progress in the general education curriculum or to meet each of the child’s other educational needs that result from the disability.

MEASURABLE ANNUAL GOAL: _____

Short term objectives/benchmarks: Measurable, intermediate steps or targeted sub-skills to enable student to reach annual goals.	Criteria for Mastery	Method of Evaluation	Progress At Reporting Period			
			1 (date)	2 (date)	3 (date)	4 (date)
ADDITIONAL GOALS MUST BE DEVELOPED FOR ALL AREAS OF “NEED” IN THE PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE						

REPORT OF STUDENT PROGRESS

When will the parents be informed of the child’s progress toward meeting the annual goals?
 The same reporting period for general education students....every 6 weeks....

VI. STUDENT SUPPORTS

To advance appropriately toward attaining annual goals; to be involved and progress in the general curriculum; to be educated and participate with other children in academic, nonacademic and extracurricular activities, the following accommodations, supplemental aids and services and/or supports for school personnel will be provided:

Instructional Accommodations
Speech to Text Software
Read Aloud
Extended Time
Classroom Testing Accommodations
Read Aloud or Speech to Text Software
Extended Time For Tests
Supplemental Aids and Services
Supports for School Personnel
Training for teachers and paraprofessionals regarding the Speech to Text Software

VII. ASSESSMENT DETERMINATION FOR DISTRICT AND STATEWIDE ASSESSMENTS FOR GRADES K-12

- a) The student will participate in all required assessments without accommodations Yes No
- b) The student will participate in all required assessments with accommodations Yes No
If yes, complete the chart below.
- c) The student will participate in the Georgia Alternate Assessment (GAA) Yes No
If yes, provide a statement of why the child cannot participate in regular assessment.

Specific Testing Accommodations (Accommodations used for assessment must be consistent with accommodations used for classroom instruction/testing and specified in the IEP. Some accommodations used for instruction may not be allowed for statewide assessment. Refer to the GaDOE Student Assessment Handbook for the only allowable accommodations.)

Test	Subtest	Setting	Timing/Scheduling	Presentation	Response	Standard or Conditional (Conditional on the GHSGT is called Nonstandard)
CRCT Reading	All Except Reading Subtest	Small Group	Extended Time	Speech to Text Software or Read Aloud		Standard

VIII. SPECIAL EDUCATION: Instruction/Related Services in General Education Classroom/Early Childhood Setting

Options Considered ✓		Frequency	Initiation of Services (mm/dd/yy)	Anticipated Duration (mm/dd/yy)	Provider Title	Content/Specialty Area(s)
X	Consultative					
X	Collaborative					
X	Co-teaching	50 Minutes Daily	8/15/10	6/15/11	GenEd/SpEd Teacher	ELA
	Supportive Services					
	Related Services					

IX. SPECIAL EDUCATION: Instruction/Related Services Outside of the General Education Classroom

Options Considered ✓		Frequency	Initiation of Services (mm/dd/yy)	Anticipated Duration (mm/dd/yy)	Provider Title	Content/Specialty Area(s)
X	Separate Class	30 Min 5xs/Week	8/15/10	6/15/11	SpEd Teacher	Reading (Supplementary)
	Separate School					
	Home Instruction					
	Residential					
	Hospital/Homebound					
	Supportive Services					
	Related Services					
X	Speech Therapy	30 Min 3xs/Week	8/15/10	6/15/11	Speech Therapist	Articulation

IX. The explanation of the extent, if any, to which the child will not participate with peers without disabilities in the regular class and/or in nonacademic and extracurricular activities:

Due to the severity of Bob's reading disability, he needs instruction in an alternate reading method. In addition, his articulation problems require the services of a trained speech therapist.

X. EXTENDED SCHOOL YEAR

- a) Are extended school year services necessary? Yes No
 If yes, complete the section below.

- b) Goals to be extended or modified:

Increase reading fluency skills to 120 words correct per minute in grade level passages.

Services	Frequency	Initiation of Services (mm/dd/yy)	Anticipated Duration (mm/dd/yy)	Provider Title	Location
Reading	Daily, 45 minutes per day	7/1/11	7/31/11	SpEd Teacher	Elementary School

XI. DOCUMENTATION OF NOTICE OF IEP MEETING

	Date	Method of Notification	By Whom
1 st Notification	3/11/11	X Invitation <input type="checkbox"/> Phone Call <input type="checkbox"/> In Person <input type="checkbox"/> Reminder notice <input type="checkbox"/> Other:	Teacher
2 nd Notification	3/18/11	X Invitation X Phone Call <input type="checkbox"/> In Person <input type="checkbox"/> Reminder notice <input type="checkbox"/> Other:	Teacher
3 rd Notification		<input type="checkbox"/> Invitation <input type="checkbox"/> Phone Call <input type="checkbox"/> In Person <input type="checkbox"/> Reminder notice <input type="checkbox"/> Other:	

XII. PARENT PARTICIPATION IN THE IEP PROCESS

The following documents were provided to parent(s):

- Parental Rights in Special Education
- Individualized Education Program (IEP)
- Eligibility Report(s)
- Evaluation
- Other: _____
- _____
- _____

If parent did not attend the meeting, complete below:

On _____ the documents were: Mailed Given In Person Sent via Student Other _____