INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Public Agency/School District: _____ Child's Name: _____

IEP Committee Meeting Date: ____/____/ 20____
Month Day Year

IEP Implementation Date (Projected Date when Services and Programs Will Begin): ____/____/ 20____
Month Day Year

Projected End Date: ____/____/ 20____ **Projected Date of Annual Review: ____/____/ 20____**
Month Day Year **Month Day Year**

Child's Name: _____ Date of Birth: ____/____/____ Age: _____
Month Day Year

Eligibility Category: _____ Ethnicity: _____ Gender: ☐ Female ☐ Male

Current Eligibility Date: ____/____/ 20____ Projected Reevaluation Date: ____/____/ 20____
Month Day Year Month Day Year

MSIS Number: _____ Grade: _____ School: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Address: _____

Phone Number: _____ Email: _____

IEP COMMITTEE PARTICIPANTS *(Signatures are not required.)*			
☐ **Initial [*Written Parental Permission For Initial Placement* must be signed before implementation]** ☐ **Annual**			
Name	**Position**	**Name**	**Position**
	Agency Representative		Other: _____
	General Educator		Other: _____
	Special Educator		Other: _____
	Parent/Guardian		Other: _____
	Parent/Guardian		Other: _____
	Child		Other: _____

Names and Position of Excused IEP Committee Members

An IEP Committee member may be excused in whole or in part if the parent and/or adult student and public agency agree in writing prior to the IEP meeting. If the meeting deals with the excused member's areas, he or she will provide written input to the IEP Committee prior to the meeting. ***Attach all written documentation to the IEP.***

The IEP meeting was conducted via alternate means of technology: ☐ **N/A**

☐ Video Conferencing ☐ Conference Call ☐ Other (specify): _____

This IEP meeting was recorded: ☐ Yes ☐ No

PROCEDURAL SAFEGUARDS NOTICE

I have received a copy of the Procedural Safeguards Notice, and my rights and those of my child have been fully explained. The public agency has informed me of whom I may contact if I need additional information.

Parent/Guardian Signature: _____ **Date:** _____

Public Agency/School District: _____ Child's Name: _____

IEP COMMITTEE PARTICIPANTS *(Signatures are not required.)*			
IEP Action: ☐ **Review** ☐ **Revise** ☐ **Amend** ☐ **ESY**		**Date:** ___/___/ 20___	
Name	**Position**	**Name**	**Position**
	Agency Representative		Other:
	General Educator		Other:
	Special Educator		Other:
	Parent/Guardian		Other:
	Parent/Guardian		Other:
	Child		Other:

Names and Position of Excused IEP Committee Members

An IEP Committee member may be excused in whole or in part if the parent and/or adult student and public agency agree in writing prior to the IEP meeting. If the meeting deals with the excused member's areas, he or she will provide written input to the IEP Committee prior to the meeting. ***Attach all written documentation to the IEP.***

The IEP meeting was conducted via alternate means of technology: ☐ **N/A**

☐ Video Conferencing ☐ Conference Call ☐ Other (specify): _____

This IEP meeting was recorded: ☐ Yes ☐ No

PROCEDURAL SAFEGUARDS NOTICE

☐ **I have received a copy of the Procedural Safeguards Notice, and my rights and those of my child have been fully explained. The public agency has informed me of whom I may contact if I need additional information.**

☐ **I do not wish to receive a copy the Procedural Safeguards Notice. The public agency has informed me of whom I may contact if I need additional information.**

Parent/Guardian Signature: _____ **Date:** _____

SUMMARY OF REVISION

Describe any changes in services and supports in the IEP (e.g., addition or deletion of services provided, increase or decrease in frequency of services provided).

☐ Check to verify that all changes were made in the IEP

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Child's Strengths, Preferences, and Interests

Identify the child's educational and/or developmental strengths, interest areas, significant personal attributes and personal accomplishments as indicated by formal or informal assessment. Identify the skills or behaviors the child has mastered. Be sure to include specific feedback from the child. If 14 years of age or older, describe the child's strengths, preference and interests related to their postsecondary expectations (education, employment/training and daily living if appropriate).

List data sources relative to describing the child's strengths, preferences and interests (e.g. interviews, formal assessments, informal assessments etc.).

Impact of Disability and Child Needs (Critical Skills and Behaviors or Developmentally Appropriate Activities)

Describe the effects of the child's disability on involvement and progress in the general education curriculum, including the impact on the child's current level of functioning in reading and math and the functional implications of the child's skills. For a preschool child, describe the effect of this child's disability on involvement in developmentally appropriate activities. If 14 years of age or older, describe the effect of this child's disability on the pursuit of postsecondary expectations (education, employment/training and daily living if appropriate).

List data sources relative to describing the child's needs and impact of his/her disability (e.g. progress monitoring, observations, assessments, etc.).

Parent/Child Input

Include any concerns of the parent and, as appropriate, the child for enhancing the education of the child.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Ages 3-5

Public Agency/School District: _____ Child's Name: _____

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Present Levels of Social Emotional Skills and Relationships Performance Summary: ☐ Social ☐ Emotional ☐ Behavioral ☐ Other: _____

Present Levels of Knowledge and Skills Performance Summary: ☐ Communication ☐ Pre-Academic ☐ Cognitive ☐ Other: _____

Present Levels of Appropriate Behavior to Meet Needs Performance Summary: ☐ Gross/Fine Motor Skills ☐ Adaptive/Daily Living Skills ☐ Other: _____

Include results of the initial or most recent evaluation as well as the child's ability to generalize his/her learning to participate in developmentally appropriate activities.

Does this area impact the child's social emotional skills and relationships performance?	☐ Yes	☐ No
Does this area impact the child's knowledge and skills performance?	☐ Yes	☐ No
Does this area impact the child's appropriate behavior to meet needs performance?	☐ Yes	☐ No

MEASURABLE ANNUAL GOAL

Goal #	Measurable Annual Goal	MOM

Obj. #	Short-Term Instructional Objectives/Benchmarks (STIO/B)
1	
2	
3	
4	
5	

Report of Progress

Methods of Measurement (MOM)	Progress on Annual Goal (PAG)
OBS = Observation CRT = Criterion-Referenced Test CBM = Curriculum-Based Measure WS = Work Samples D/P = Demonstration/Performance Other: _____	A. The child is making **sufficient** progress to meet the annual goal. B. The child is making **insufficient** progress to meet the annual goal. **(An IEP meeting must be held to discuss revisions.)** C. The annual goal has been met or exceeded. D. This annual goal has not been introduced yet.

Date of Report	Current Level of Performance (CLP) for Report of Progress *Describe the child's current performance on the annual goal based on progress on STIO/Bs using the identified method of measurement (OBS, CRT, CBM, WS, D/P, etc.).*	PAG

Notification of Progress Provided to Parents/Guardians

Type	☐ Progress Notes	☐ Report Cards	☐ Goals Sheets	☐ Other: _____	
Frequency	☐ Every 4 ½ weeks	☐ Every 6 weeks	☐ Every 9 Weeks	☐ Other: _____	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Ages 6-20

Public Agency/School District: _____ Child's Name: _____

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE
Present Levels of <u>Academic</u> Performance Summary: ☐ Reading ☐ Math
Present Levels of <u>Functional</u> Performance Summary: ☐ Communication ☐ Social ☐ Emotional ☐ Behavioral ☐ Gross/Fine Motor Skills ☐ Career and Technical Education and Employment ☐ Adaptive/Daily Living Skills ☐ Other: _____
Include results of the initial or most recent evaluation, including, if appropriate, the results of any interventions, progress monitoring and gap analyses, as well as the child's ability to generalize his/her learning.
Does this area impact the child's academic achievement? ☐ Yes ☐ No
Does this area impact the child's functional performance? ☐ Yes ☐ No

MEASURABLE ANNUAL GOAL			
Goal #	**Measurable Annual Goal**	**TA***	**MOM**

Obj. #	**Short-Term Instructional Objectives/Benchmarks (STIO/B)**
1	
2	
3	
4	
5	

Report of Progress

Methods of Measurement (MOM)	**Progress on Annual Goal (PAG)**
OBS = Observation CRT = Criterion-Referenced Test CBM = Curriculum-Based Measure WS = Work Samples D/P = Demonstration/Performance Other: _____	A. The child is making **sufficient** progress to meet the annual goal. B. The child is making **insufficient** progress to meet the annual goal. **(An IEP meeting must be held to discuss revisions.)** C. The annual goal has been met or exceeded. D. This annual goal has not been introduced yet.

Date of Report	**Current Level of Performance (CLP) for Report of Progress** *Describe the child's current performance on the annual goal based on progress on STIO/Bs using the identified method of measurement (OBS, CRT, CBM, WS, D/P, etc.).*	**PAG**

Notification of Progress Provided to Parents/Guardians

Type	☐ Progress Notes	☐ Report Cards	☐ Goals Sheets	☐ Other: _____
Frequency	☐ Every 4 ½ weeks	☐ Every 6 weeks	☐ Every 9 Weeks	☐ Other: _____

***TA = Transition Activity**

SPECIAL CONSIDERATIONS*

Communication *(Required)*

Does the child have special communication needs? ☐ Yes ☐ No
If yes, describe the specific needs and document the basis for the decision:

Assistive Technology *(Required)*

Does the child need assistive technology services or devices to maintain or improve functional capabilities? ☐ Yes ☐ No
Does the child need assistive technology assessment? ☐ Yes ☐ No
If yes, describe the specific needs and document the basis for the decision:

Service for Children who are Blind or Visually Impaired ☐ **N/A**

In the case of a child who is blind or visually impaired, provide for instruction in and the use of Braille unless the IEP Committee determines, after an evaluation of the child's reading and writing media, Braille instruction is not appropriate.

Instruction in Braille considered? ☐ Yes ☐ No Evaluation Date: _____
Is instruction in Braille appropriate? ☐ Yes ☐ No

Document the basis for the decision:

Were the parents provided information about the Mississippi School for the Blind? ☐ Yes ☐ No

Service for Children who are Deaf or Hearing Impaired ☐ **N/A**

In the case of the child who is deaf or hearing impaired, consider language and communication needs, opportunities for direct communication needs, academic level, and full range of needs, including direct instruction in the child's language and communication mode.

Child's language and communication mode: _____
Is direct instruction in the child's language and communication mode needed? ☐ Yes ☐ No

Document the basis for the decision:

Were the parents provided information regarding the Mississippi School for the Deaf? ☐ Yes ☐ No

Behavior Intervention ☐ **N/A**

In the case of a child whose behavior impedes the child's learning or the learning of other children, consideration is given to the use of positive behavior interventions, supports, and other strategies to address that behavior.

Does the child have/need a functional behavioral assessment (FBA)? ☐ Yes ☐ No Assessment Date: _____
Does the child have/need a behavior intervention plan (BIP)?** ☐ Yes ☐ No Implementation Date: _____
Has the behavior intervention plan (BIP) been reviewed/revised? ☐ Yes ☐ No Review Date: _____
Revision Date: _____

Document the basis for the decision:

****If a child has a BIP, s/he must have a corresponding annual goal(s) to address behavioral concerns.***

Services for Children with Limited English Proficiency ☐ **N/A**

In the case of a child with limited English Proficiency, consideration is given to the language needs of the child as such needs relate to the child's IEP.

Describe the specific needs and document the basis for the decision:

*** Indicate Special Considerations in the Summary of Performance.***

Public Agency/School District: _____ Child's Name: _____

SPECIAL EDUCATION AND RELATED SERVICES

Special Education

Service	Area	Location	Start Date	Duration/Frequency	End Date

Document basis for the decision:

Instructional/Functional Accommodations

Service	Area	Location	Start Date	Duration/Frequency	End Date

Document basis for the decision:

Program Modifications

Service	Area	Location	Start Date	Duration/Frequency	End Date

Document basis for the decision:

Related Services

Service	Area	Location	Start Date	Duration/Frequency	End Date

Document basis for the decision:

Supports for Personnel

Service	Area	Location	Start Date	Duration/Frequency	End Date

Document basis for the decision:

Area

a.	Reading	f.	Science	k.	Music	p.	Title I	u.	Other: _____
b.	Spelling	g.	Health	l.	Art	q.	Tech Prep	v.	Other: _____
c.	English	h.	Lunch	m.	Computer Science	r.	Vocational	w.	Other: _____
d.	Math	i.	PE	n.	Clubs	s.	Library	x.	Other: _____
e.	Social Studies	j.	Guidance/Counseling	o.	Recreation Activities	t.	All Subjects	y.	Other: _____

Public Agency/School District: _____ Child's Name: _____

PARTICIPATION IN STATE-WIDE ASSESSMENT PROGRAM

☐ This child is not required to participate in State-wide assessments as she or he is over 18 years of age.
☐ This child meets the criteria for SCD and is under 8 years of age.

Significant Cognitive Disability (SCD) Determination

To be classified as a child having a significant cognitive disability, ALL of the criteria below must be true.

☐ Yes ☐ No	The child demonstrates significant cognitive deficits and poor adaptive skill levels (as determined by that child's comprehensive evaluation) that prevent participation in the standard academic curriculum or achievement of the academic content standards, even with accommodations and modifications.
☐ Yes ☐ No	The child requires extensive direct instruction in both academic and functional skills in multiple settings to accomplish the application and transfer of those skills.
☐ Yes ☐ No	The child's inability to complete the standard academic curriculum is neither the result of excessive or extended absences nor is primarily the result of visual, auditory, or physical disabilities, emotional-behavioral disabilities, specific learning disabilities or social, cultural, or economic differences.

☐ The child **MEETS** the criteria for having a significant cognitive disability.
☐ The child **DOES NOT MEET** the criteria for having a significant cognitive disability.

For children classified as having an SCD, indicate the standards in which the child is instructed.

☐ This child meets the criteria for SCD and receives all instruction on alternate standards.
☐ This child meets the criteria for SCD and receives instruction on grade-level standards in the following content area(s):

_____

Indicate the assessment(s) in which the child will participate (State- or district-wide assessments): *Children may participate in the standard* ***Grade Level/Subject Area Assessments****,* ***Subject Area Alternative Assessments****, or the* ***Grade Level/Subject Area Alternate Assessments****. Refer to* ***Testing Students with Disabilities Regulations*** *to determine appropriate assessments****.***

State- or District-Wide Assessments for Children with an SCD

Assessments for children who meet the criteria for significant cognitive disabilities and receive instruction on alternate standards include the ***Dynamic Learning Maps (DLM)****,* ***Mississippi Alternate Assessment of Extended Science Frameworks (MAAESF)****,* ***Alternate Assessing Comprehension and Communication in English State-to-State for English Language Learners (Alternate ACCESS for ELL),*** *and/or additional tests.*

Indicate any assessments the child will complete during the current year:	**Grade Level (Age for non-graded students)** *For non-graded students (coded 56, 58, or 78), peer grades are based on the child's age as of September 1st of the applicable school year*										
	K-2 *(5-7 yrs)*	**3** *(8 yrs)*	**4** *(9 yrs)*	**5** *(10 yrs)*	**6** *(11 yrs)*	**7** *(12 yrs)*	**8** *(13 yrs)*	**9** *(14 yrs)*	**10** *(15 yrs)*	**11** *(16 yrs)*	**12** *(17/18 yrs)*
DLM Mathematics											
DLM Language Arts											
MAAESF Science											
Alternate ACCESS for ELL											
Other: _____											

ACKNOWLEDGEMENT OF REQUIREMENTS FOR PARTICIPATION IN HIGH SCHOOL SUBJECT AREA TESTS

I have had the Mississippi Statewide Assessment System fully explained to me. I understand that all children will be assessed in some way but only those children who pass every tested subject area course and end-of-course test (or approved alternate measures) will be eligible to receive a standard high school diploma.

Parent/Guardian Signature: _____ **Date:** _____

Public Agency/School District: _____ Child's Name: _____

PARTICIPATION IN STATE-WIDE ASSESSMENT PROGRAM

State- or District-Wide Assessments for Children without an SCD

*Assessments for children who receive instruction on grade-level standards include the **Mississippi K-3 Assessment Support System (MKAS^2)**, **Mississippi Curriculum Test, 3rd Edition (MCT3)**, **Mississippi Science Test 2 (MST2)**, **Subject Area Testing Program, 2nd and 3rd Editions (SATP2/SATP3)**, **Mississippi Writing Assessment Program, 3rd Edition (MWAP3)**, **Mississippi Career Planning and Assessment System, 2nd Edition (MS-CPAS2)**, **American College Test (ACT)**, **Assessing Comprehension and Communication in English State-to-State for English Language Learners (ACCESS for ELL)**, and/or additional tests.*

Indicate any assessments the child will complete during the current year, specifying the edition, if applicable. If the child has previously taken the assessment, record the most recent administration date and check the box if the child passed the test.	Grade Level										
	K-2	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
MKAS^2: Kindergarten Readiness Assessment											
MKAS^2: 3rd Grade Summative Assessment											
MCT3 English Language Arts/Literacy											
MCT3 Mathematics											
MST2											
SATP2/3 Algebra I [*Admin. date ___/___/___ Passed* ☐]											
SATP2 Biology I [*Admin. date ___/___/___ Passed* ☐]											
SATP2/3 English II [*Admin. date ___/___/___ Passed* ☐]											
SATP2 US History [*Admin. date ___/___/___ Passed* ☐]											
MWAP3 [*Admin. date ___/___/___ Passed* ☐]											
MS-CPAS2 [*Admin. date ___/___/___ Passed* ☐]											
ACT											
ACCESS for ELL											
Other: _____											

Subject Area Testing Program, 2nd Edition Alternative Assessment (SATP2AA) / 3rd Edition (SATP3AA)
If (a) a child has successfully mastered the subject area course objectives, (b) the child failed the end-of-course test, and (3) the IEP Committee has determined that the alternative assessment is appropriate, complete the following:

For any assessments the child will complete during the current year, specify the edition, if applicable:	*Explanation why the child's disability requires the administration of an alternative assessment instead of a standard administration with accommodations for this subject area:*	*Remediation provided/to be provided in the subject area to be assessed (Additional documentation may be required for the application):*
SATP2AA/3AA Algebra I		
SATP2AA Biology I		
SATP2AA/3AA English II		
SATP2AA US History		
SATP2AA MWAP3		

ACKNOWLEDGEMENT OF REQUIREMENTS FOR PARTICIPATION IN HIGH SCHOOL SUBJECT AREA TESTS

I have had the Mississippi Statewide Assessment System fully explained to me. I understand that all children will be assessed in some way but only those children who pass every tested subject area course and end-of-course test (or approved alternate measures) will be eligible to receive a standard high school diploma.

Parent/Guardian Signature: _____ **Date:** _____

STATE-WIDE / DISTRICT-WIDE TEST ACCESSIBILITY / ACCOMMODATIONS

*Refer to the current **Mississippi Testing Accommodations Manual**, **Partnership for Assessment of Readiness for College and Careers (PARCC) Accessibility Features and Accommodations Manual**, and/or **American College Test (ACT) Accommodations for Students with Disabilities** for information regarding testing accommodations. All accommodations used for State-wide testing must also be used during the child's classroom instruction and assessments.*

Presentation Accommodations	Code	Test(s)

Document the basis for the decision:

Response Accommodations	Code	Test(s)

Document the basis for the decision:

Timing and Scheduling Accommodations	Code	Test(s)

Document the basis for the decision:

Setting Accommodations	Code	Test(s)

Document the basis for the decision:

Test

a. MKAS[2]	f. SATP2/3 or SATP2AA/3AA Algebra I	k. ACT
b. MCT3 ELA/Literacy	g. SATP2/SATP2AA Biology I	l. MS-CPAS2
c. MCT3 Math	h. SATP2/3 or SATP2AA/3AA English II	m. Other: _____
d. MST2 (Science)	i. SATP2/SATP2AA US History	n. Other: _____
e. Alternate/ACCESS for ELL	j. MWAP3	o. Other: _____

INDIVIDUAL TRANSITION PLAN

Beginning at age 14, or younger if appropriate, a Transition Plan must be completed with consideration of the child's needs, preferences, and interests. This plan must be updated annually.

Postsecondary Goals

*Specify appropriate measurable postsecondary goals as identified by the child, parent(s) and IEP Committee. Postsecondary goals are based upon **age-appropriate transition assessments** related to employment, education and/or training, and, where appropriate, independent living skills.*		**Related IEP Goal(s) #**
Education/Training ***(Required)***		
Employment ***(Required)***		
Independent Living ***(If Appropriate)***		

Age-Appropriate Transition Assessments

Transition Assessment *(including child and family survey or interview)*	**Assessment Type**	**Responsible Agency/Person**	**Date Conducted**	**Report Attached**	**Needed**
Education/Training ***(Required)***					
Employment ***(Required)***					
Independent Living ***(If Appropriate)***					

Transition Services

*Transition services may include **instruction**, **related services**, **community experiences**, **development of employment and other post-school adult living objectives**, and **acquisition of daily living skills** to be provided before graduation to support the child in achieving his/her postsecondary goals.*

Instruction *(e.g. accommodations, tutoring, skills training, prep for college exam)*

List the activities the school, child, parent and any outside agency(ies) will do to help the child reach the stated post-secondary goal(s). Specify any outside agency(ies) that will provide transition services.

Related Services *(e.g., parent(s), technology, transportation, medical services, supported services)*

List the activities the school, child, parent and any outside agency(ies) will do to help the child reach the stated post-secondary goal(s). Specify any outside agency(ies) that will provide transition services.

Community Experiences *(e.g., job shadowing, supported employment, banking, shopping, touring postsecondary institutions)*

List the activities the school, child, parent and any outside agency(ies) will do to help the child reach the stated post-secondary goal(s). Specify any outside agency(ies) that will provide transition services.

Development Of Employment Objectives and Functional Vocational Evaluation *(e.g., career planning, guidance counseling, job and career interests, aptitudes and skills)*

List the activities the school, child, parent and any outside agency(ies) will do to help the child reach the stated post-secondary goal(s). Specify any outside agency(ies) that will provide transition services.

Acquisition Of Daily Living Skills and Other Post-School Adult Living Objectives *(e.g., self-care, home repair, health and safety, money management, registering to vote, adult benefits planning, independent living)*

List the activities the school, child, parent and any outside agency(ies) will do to help the child reach the stated post-secondary goal(s). Specify any outside agency(ies) that will provide transition services.

Exit Options

Exit options must be reviewed with the parent and the child, as appropriate, before completing this section.

The exit option determined appropriate for the child is:

☐ Standard High School Diploma ☐ Mississippi Occupational Diploma ☐ District GED Option Program ☐ Certificate of Completion

Course Of Study

Select the course of study that supports the child's postsecondary goal(s):

☐ Agriculture, Food and Natural Resources
☐ Architecture and Construction
☐ Arts, Media, and Communications
☐ Business Management and Administration
☐ Education and Training
☐ Finance
☐ Government and Public Administration
☐ Health Science
☐ Hospitality and Tourism
☐ Human Services
☐ Information Technology
☐ Law, Public Safety, and Security
☐ Manufacturing
☐ Marketing
☐ Science, Technology, Engineering and Mathematics
☐ Transportation, Distribution, and Logistics

Additional options (SCD only): ☐ Supported Employment ☐ Daily Living Activities ☐ Customized Employment

List the general and special education class(es) in the child's course of study for the previous, current, and projected year selected on the basis of the child's strengths, interests, preferences and desired postsecondary goals.

Previous Year's Class(es)	Current Year's Class(es)	Projected Year's Class(es)

Child's Invitation to the IEP Committee Meeting

The child was invited to the IEP meeting. ☐ Yes ☐ No

Interagency Linkages (Participating Agencies)

List any agencies/person(s) (a) currently involved with the child or family, (b) who can provide needed information to the IEP Committee and/or (c) likely to become involved in providing support or services after the child exits high school and transitions to the community, employment and/or postsecondary education/training. ***Written parental consent must be obtained before inviting any agency/person(s) likely to be responsible for providing/paying for transition services.***

☐ **Education/Training**:	☐ **Employment**:	☐ **Independent Living**:

TRANSFER OF RIGHTS

I have been informed of my rights under Part B of the Individuals with Disabilities Education Improvement Act (IDEA) of 2004, as amended, that will transfer to me when I reach the age of majority (21 years of age).

Child's Signature: _____ **Date:** _____

PLACEMENT CONSIDERATIONS AND LEAST RESTRICTIVE ENVIRONMENT (LRE) DETERMINATIONS

Placement Option(s) Considered

Describe the placement option(s) the IEP Committee considered including any potentially harmful effects each option may have on the child or the quality of services to be provided. Include the level of support required for each placement option.
Document the basis for decision:

Non-Participation with Non-Disabled Peers

Describe the extent to which the child does not participate with his/her non-disabled peers.
Document the basis for decision:

Special Transportation

Is special transportation needed in the selected LRE? ☐ Yes ☐ No
If yes, describe the specific needs and document the basis for the decision:

Percentage of Time Child Receives Special Education Outside of the General Education Classroom

Preschool LRE Classification (*Check one below for children ages 3-5*)

- ☐ **PC**/Home
- ☐ **PE**/Residential Facility
- ☐ **PF**/Separate School
- ☐ **PG**/Separate Class
- ☐ **PH**/Service Provider Location
- ☐ **PI**/Regular program ten (10) or more hours per week and served in the regular program
- ☐ **PJ**/Regular program ten (10) or more hours per week and served in another location
- ☐ **PK**/Regular program less than ten (10) hours per week and served in the regular program
- ☐ **PL**/Regular program less than ten (10) hours per week and served in another location

School Age LRE Classification (*Check one below for children ages 6-21*)

- ☐ **SA**/Inside general education class 80% or more of the day
- ☐ **SB**/Inside general education class 40 to 79% of the day
- ☐ **SC**/Inside general education class less than 40% of the day
- ☐ **SD**/Separate School
- ☐ **SF**/Residential Facility
- ☐ **SH**/Home-Hospital
- ☐ **SI**/Correctional Facilities
- ☐ **SJ**/Parentally Placed in Private Schools

WRITTEN PARENTAL PERMISSION FOR INITIAL PLACEMENT

My rights and those of my child as outlined in the Procedural Safeguards Notice have been fully explained to me. I understand that my child has a disability, and I know my child's eligibility category. I hereby give consent for my child to receive special education services as recorded on this Individualized Education Program (IEP).

Parent/Guardian Signature: _____ **Date:** _____

Public Agency/School District: _____ Child's Name: _____

EXTENDED SCHOOL YEAR (ESY)

☐ This child attends a twelve (12) month program.

Determination of ESY Decision | **Determination Date**: _____

*All of the following criteria used in determining eligibility **must** be considered:*

- ☐ **Regression-Recoupment**: Refers to a child's loss of a skill on IEP objective(s) after at least two (2) breaks in instruction without regaining the documented level of skill(s) prior to the break within the specified period.
- ☐ **Critical Point of Instruction 1**: Refers to the need to maintain a child's critical skill to prevent a loss of general education class time or an increase in special education service time.
- ☐ **Critical Point of Instruction 2**: Refers to a point in the acquisition or maintenance of a critical skill during which a length break in instruction would lead to a significant loss of progress.
- ☐ **Extenuating Circumstances**: Refers to special situations that jeopardize the child's receipt of a FAPE unless ESY services are provided

NOTE: Although ESY services typically focus on existing annual goals or STIO/Bs, the IEP Committee may determine the child needs to master a new goal or objective to be able to master or maintain the critical skill identified as the basis for ESY services. Only in this situation may the IEP Committee write a new goal and/or objective to address this critical skill.

The type or severity of the child's disability must cause the skills learned by the child during the regular school year to be significantly jeopardized if he/she does not receive ESY.

- ☐ **This child's situation MEETS criteria for ESY Services.**
- ☐ **This child's situation DOES NOT MEET the criteria for ESY Services**

Document the basis for the decision. Documentation of how the decision was made MUST be in the child's file.

Measurable Annual Goals or Short-Term Instructional Objectives/Benchmarks (STIO/B) *These must be existing measurable annual goals or STIO/Bs except for situations as described in the note above.*	**TA**	**MOM**	**Report of Progress**	
			CLP	**PAG**

TA = Transition Activity

Methods of Measurement (MOM)

OBS = Observation
CRT = Criterion Reference Test
CBM = Curriculum Based Measure
WS = Work Samples
D/P = Demonstration/Performance
Other: _____

Report of Progress

CLP = Current Level of Performance
PAG = Progress on Annual Goal
See Annual Goal page for codes

A **Progress Report** will be given to parents every _____ week(s) or at the end of the child's ESY services on _____

Date(s) progress report given to parent _____

Types of Service	**# of Weeks**	**Duration/ Frequency**	**Area** *(See Special Education and Related Service page for code)*	**Location**	**Start Date**	**End Date**
Educational Services						
Related Services**						
Transportation						
Other: _____						
Other: _____						

*** Any related services provided (except transportation) **must** have a corresponding measurable annual goal or STIO/B.*