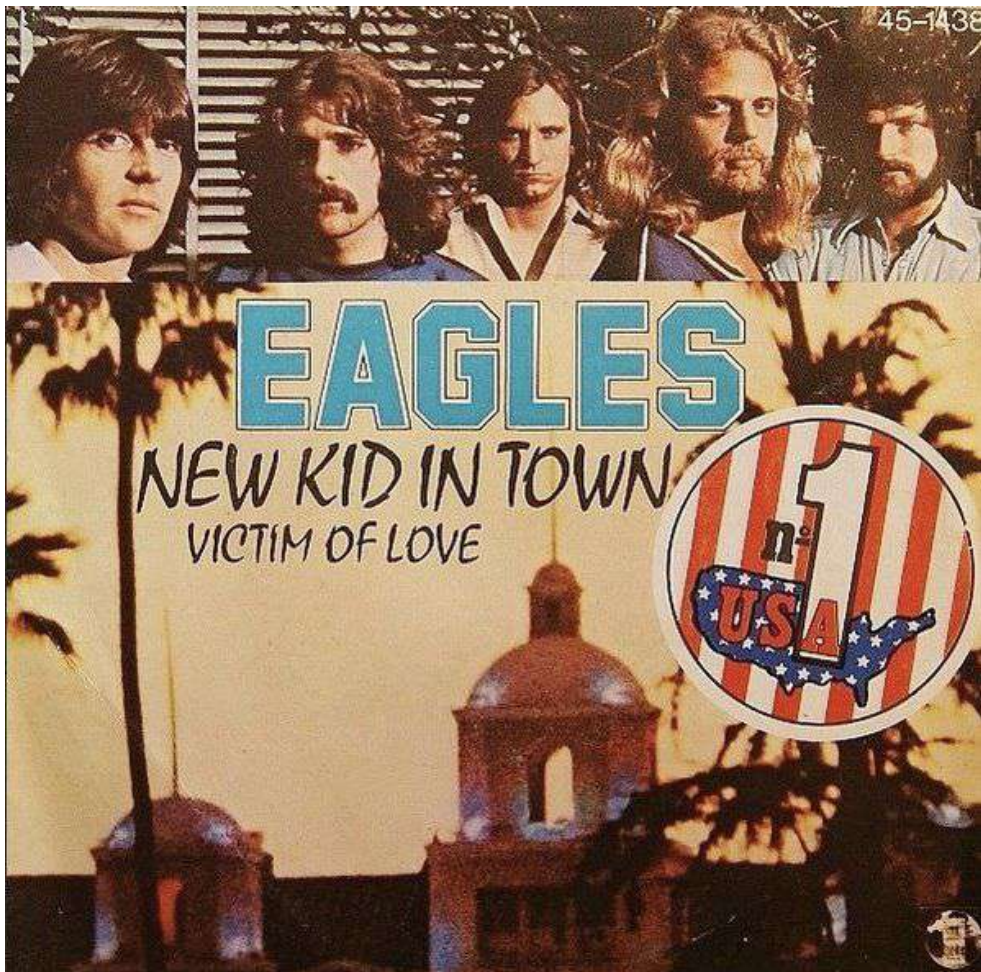


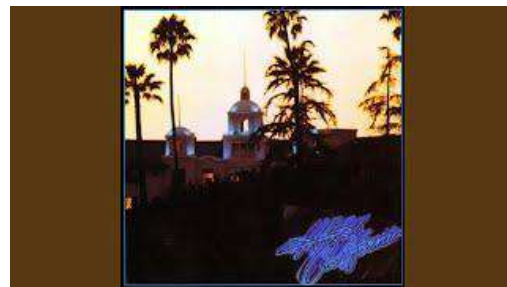
# **The Improvement Project:**

**There is a NEW IEP in**

**Town!!!**



Clipped Song



Full Song

# **Areas of Focus for Improved IEP Form**

**Family and  
Student Voice**

**Form  
Documents  
Process**

**Least  
Restrictive  
Environment**

**Integrated  
Transition  
Planning**

**Accessibility  
of Language**

# Workshop Goals

1. To become more familiar with the New IEP;
2. To acknowledge and GROW what we already know;
3. To become more familiar with special education terms and concepts;
4. To identify “Next Steps” and additional training.

# **Parent Concern/Student/Team Vision**

Fostering Meaningful  
Parent-School Partnerships at  
Every IEP Team Meeting

## Massachusetts DESE Individualized Education Program (IEP)

### STUDENT AND PARENT CONCERNS

(For the purposes of special educational decision-making, "parent" shall mean father, mother, legal guardian, person acting as a parent of the child, foster parent, or educational surrogate parent appointed in accordance with federal law.)

What concern(s) do you want this IEP to address?

### STUDENT AND TEAM VISION

#### ***Student's Vision (ages 3–13)***

This year, I want to learn:

By the time I finish (circle one: elementary or middle school),  
I want to:

#### ***Student's Vision/Postsecondary Goals (required for ages 14–22, may be completed earlier if appropriate)***

While I am in high school, I want to:

After I finish high school, my education or training plans are:

After I finish high school, my employment plans are:

After I finish high school, my independent living plans are:

#### ***Additional Team Vision Ideas***

In response to the student's vision, this year:

In response to the student's vision, in 5 years:

# Student Profile Section

The Student Profile Section is used to identify all disabilities determined through the special education eligibility process.

For example, the IEP Team might identify a student as having a specific learning disability in their Student Profile and further explain that the student has dyslexia, dysgraphia, or dyscalculia in later sections of the IEP.

## STUDENT PROFILE

The student is identified as having the following disability or disabilities. Include all that apply. Where is this information currently reflected?

<input type="checkbox"/> Autism	<input type="checkbox"/> Health Impairment	<input type="checkbox"/> Sensory Impairment
<input type="checkbox"/> Communication Impairment	<input type="checkbox"/> Intellectual Impairment	<input type="checkbox"/> Hearing
<input type="checkbox"/> Developmental Delay (ages 3–9)	<input type="checkbox"/> Neurological Impairment	<input type="checkbox"/> Vision
<input type="checkbox"/> Emotional Impairment	<input type="checkbox"/> Physical Impairment	<input type="checkbox"/> Deaf-Blind
		<input type="checkbox"/> Specific Learning Disability

### English Learner

Has the student been identified as an English learner?

☐ Yes ☐ No

If yes, describe the student's English Learner Education program, English as a Second Language services, and progress toward English language proficiency benchmarks:

How will you collect this information? When will you collect it? Does the Team need to consider consultation time?

Identify any language needs and consider how they relate to the student's IEP:

What is the impact of student's disability on the process of language acquisition?

<https://docs.google.com/document/d/1wH2cmkJVp3stcA-bGyoXTi1M91cqtawbdUOYc2-Deek/edit>

### Assistive Technology

Does the student require assistive technology devices or services?

☐ Yes ☐ No

If yes, this need will be addressed in the following section(s) of the IEP:

<input type="checkbox"/> Accommodations/Modifications	<input type="checkbox"/> Services Delivery Grid
<input type="checkbox"/> Goals/Objectives	<input type="checkbox"/> Additional Information



The **Student Profile** section is used to identify all disabilities determined through the special education eligibility process. There are 10 Disability Categories. **Where else do we see these 10 categories?**  
Link: <https://www.doe.mass.edu/sped/definitions.html>

For example, the IEP Team might identify a student as having a specific learning disability in their Student Profile and further explain that the student has dyslexia, dysgraphia, or dyscalculia in later sections of the IEP.

- Autism
- Communication Impairment
- Developmental Delay (ages 3–9)
- Emotional Impairment
- Health Impairment
- Intellectual Impairment
- Neurological Impairment
- Physical Impairment
- Sensory Impairment
  - Hearing
  - Vision
  - Deaf-Blind
- Specific Learning Disability

# Questions In New IEP

1. Describe the student's English Learner Education program:

- Tom receives EL services, which focus on listening and speaking (listening, speaking, reading, writing).

2. Describe the English as a Second Language service:

- Tom is seen by the ESL teacher three times a week for 45 minutes a period.

3. Describe progress toward English Language proficiency benchmarks:

- Tom was screened in September and is a Level 1 newcomer. His family speaks Spanish as their primary home language, He had an english language proficiency of level 1. Tom has learned English quickly this year and on his mid year ACCESS score, his english language proficiency level is a 2.

# The Gift of the Present



## PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE: **ACADEMICS**

Describe the student's present levels of academic achievement and functional performance in the relevant areas listed below.

Consider the areas of learning listed below and complete only the sections that apply to the student. Include relevant information and data from sources such as initial or most recent evaluations; documentation from classroom performance; parent(s), student, and teacher observations; and curriculum-based and standardized assessments, including MCAS.

<p>Briefly describe current academic performance.</p> <p>Check all that apply:</p> <p><input type="checkbox"/> English Language Arts</p> <p><input type="checkbox"/> History and Social Sciences</p> <p><input type="checkbox"/> Math</p> <p><input type="checkbox"/> Science, Technology, and Engineering</p>	<p>Strengths, interest areas, and preferences</p>	<p>Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities</p>
<p> <ul style="list-style-type: none"> <li>• Key Evaluations/Summary and;</li> <li>• Current Performance</li> </ul> <p>For example:</p> <p>The WISC-V was administered to assess XXXX's cognitive abilities. His performance fell within the Very Low range on Verbal Comprehension, Fluid Reasoning, and Processing speed tasks. His performance fell in the Low Average range on Visual Spatial and Working Memory tasks. His overall Full-Scale IQ score fell within the Very Low range (FSIQ=72). He continues to perform best when information is supported with visual representation because test norms may not reflect cultural and linguistic factors, so his scores should be interpreted cautiously.</p> </p>	<p>Think School Based Interests and Preferences/Relevant to Present Levels: [Student name]'s areas of academic strength are:</p> <ul style="list-style-type: none"> <li>• Reading – encoding, decoding</li> <li>• Executive Function – attention, self-monitoring</li> </ul> <p>[Student name]'s areas of academic and/or personal interest are</p> <ul style="list-style-type: none"> <li>• Geography</li> <li>• Soccer</li> </ul> <p>[Student name]'s areas of academic and/or personal preference are</p> <ul style="list-style-type: none"> <li>• Working with friends on projects</li> <li>• Taking frequent breaks</li> </ul>	<p>What are the student's areas for Growth - For example:</p> <p>Student name]'s areas of academic need are</p> <ul style="list-style-type: none"> <li>• Reading – fluency, comprehension</li> <li>• Writing – grammar, spelling, punctuation, organization</li> <li>• Executive Function –organization, task completion</li> </ul>

*Autism-Specific Question:* Does the student have needs resulting from the disability that impact progress in the general curriculum, including social and emotional development (e.g., organizational support, generalizing skills, practicing skills in multiple environments)?

☐ Yes ☐ No

If yes, this need will be addressed in the following section(s) of the IEP:

<p><input type="checkbox"/> Accommodations/Modification</p> <p><input type="checkbox"/> Goals/Objectives</p>	<p><input type="checkbox"/> Services Delivery Grid</p> <p><input type="checkbox"/> Additional Information</p>
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**PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE: BEHAVIORAL/SOCIAL/EMOTIONAL**

Briefly describe current behavioral/social/emotional performance. Consider the use of positive behavioral interventions and supports, and other strategies, to address behavior that impedes learning.	Strengths, interest areas, and preferences	Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities

<p align="center"><b>Bullying</b></p> <p>Describe any disability-related skills and proficiencies the student needs in order to avoid and respond to bullying, harassment, or teasing. This section must be completed for students who have a disability that affects social skills development; students vulnerable to bullying, harassment, or teasing; and students with autism.</p>		Specify how these needs, if any, will be addressed in the IEP.

*Autism-Specific Question:* Does the student require any positive behavioral interventions, strategies, and supports to address their behavioral difficulties resulting from autism spectrum disorder?

☐ Yes ☐ No

*Autism-Specific Question:* Does the student need to develop social interaction skills and proficiencies?

☐ Yes ☐ No

*Autism-Specific Question:* Does the student have needs related to changes in environment or to daily routines?

☐ Yes ☐ No

*Autism-Specific Question:* Does the student have needs related to repetitive activities and movements?

☐ Yes ☐ No

*Autism-Specific Question:* Does the student have needs resulting from their unusual responses to sensory experiences?

☐ Yes ☐ No

If yes to any of the above, these needs will be addressed in the following section(s) of the IEP:

<input type="checkbox"/> Accommodations/Modifications <input type="checkbox"/> Goals/Objectives	<input type="checkbox"/> Services Delivery Grid <input type="checkbox"/> Additional Information
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**PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE: COMMUNICATION**

Briefly describe current communication performance.	Strengths, interest areas, and preferences	Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities

Does the student require the use of augmentative and alternative communication (AAC)? Consider any AAC needs for non-speaking students or those with limited speech.

☐ Yes ☐ No

If yes, describe how the Team will address the student's needs (including acquiring, designing, customizing, maintaining, repairing, and/or replacing AAC device/system).

- ☐ The student needs an AAC device/system at school.
- ☐ The student needs an AAC device/system at home or in other non-school settings to receive a free appropriate public education.
- ☐ The student needs training and/or technical assistance to use the AAC device/system.
- ☐ The student's family needs training and/or technical assistance concerning the AAC device/system.
- ☐ Educators, other professionals, employers, or others who work with the student need training and/or technical assistance concerning the AAC device/system.

These needs will be addressed in the following section(s) of the IEP:

<input type="checkbox"/> Accommodations/Modifications	<input type="checkbox"/> Services Delivery Grid
<input type="checkbox"/> Goals/Objectives	<input type="checkbox"/> Additional Information

*Autism-Specific Question:* Does the student have needs in the areas of verbal and nonverbal communication, including but not limited to those identified in assistive technology/AAC evaluation(s)?

☐ Yes ☐ No

If yes, these needs will be addressed in the following section(s) of the IEP:

<input type="checkbox"/> Accommodations/Modifications	<input type="checkbox"/> Services Delivery Grid Additional
<input type="checkbox"/> Goals/Objectives	<input type="checkbox"/> Information

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How does the student navigate use of their communication device? Is it necessary through accommodations? Or, does the student require direct instruction through goals/objectives?

**PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE: ADDITIONAL AREAS**

<p><b>Additional Areas, as Applicable</b>  <b>(such as activities of daily living, health, hearing, motor, sensory, and vision)</b>          Briefly describe current performance and any applicable documentation.          Please note that parent(s) are only asked to share health information voluntarily.</p>	<p>Strengths, interest areas, and preferences</p>	<p>Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities</p>

## Activities of Daily Living, Health, Hearing, Motor, Sensory, Vision

*Deaf or Hard of Hearing*

<input type="checkbox"/> The student is deaf or hard of hearing, and their language and communication needs will be addressed in the following section(s) of the IEP: <table border="1" data-bbox="324 529 1609 594"> <tr> <td data-bbox="324 529 975 562"><input type="checkbox"/> Accommodations/Modifications</td> <td data-bbox="975 529 1609 562"><input type="checkbox"/> Services Delivery Grid</td> </tr> <tr> <td data-bbox="324 562 975 594"><input type="checkbox"/> Goals/Objectives</td> <td data-bbox="975 562 1609 594"><input type="checkbox"/> Additional Information</td> </tr> </table>	<input type="checkbox"/> Accommodations/Modifications	<input type="checkbox"/> Services Delivery Grid	<input type="checkbox"/> Goals/Objectives	<input type="checkbox"/> Additional Information
<input type="checkbox"/> Accommodations/Modifications	<input type="checkbox"/> Services Delivery Grid			
<input type="checkbox"/> Goals/Objectives	<input type="checkbox"/> Additional Information			

*Blind or Visually Impaired (including Cortical Visual Impairment)*

<input type="checkbox"/> Braille is needed and will be addressed in the following section(s) of the IEP: <table border="1" data-bbox="324 658 1609 726"> <tr> <td data-bbox="324 658 975 691"><input type="checkbox"/> Accommodations/Modifications</td> <td data-bbox="975 658 1609 691"><input type="checkbox"/> Services Delivery Grid</td> </tr> <tr> <td data-bbox="324 691 975 726"><input type="checkbox"/> Goals/Objectives</td> <td data-bbox="975 691 1609 726"><input type="checkbox"/> Additional Information</td> </tr> </table>	<input type="checkbox"/> Accommodations/Modifications	<input type="checkbox"/> Services Delivery Grid	<input type="checkbox"/> Goals/Objectives	<input type="checkbox"/> Additional Information
<input type="checkbox"/> Accommodations/Modifications	<input type="checkbox"/> Services Delivery Grid			
<input type="checkbox"/> Goals/Objectives	<input type="checkbox"/> Additional Information			
<input type="checkbox"/> Screen readers or other assistive technology are needed and will be addressed in the following section(s) of the IEP: <table border="1" data-bbox="324 754 1609 822"> <tr> <td data-bbox="324 754 975 787"><input type="checkbox"/> Accommodations/Modifications</td> <td data-bbox="975 754 1609 787"><input type="checkbox"/> Services Delivery Grid</td> </tr> <tr> <td data-bbox="324 787 975 822"><input type="checkbox"/> Goals/Objectives</td> <td data-bbox="975 787 1609 822"><input type="checkbox"/> Additional Information</td> </tr> </table>	<input type="checkbox"/> Accommodations/Modifications	<input type="checkbox"/> Services Delivery Grid	<input type="checkbox"/> Goals/Objectives	<input type="checkbox"/> Additional Information
<input type="checkbox"/> Accommodations/Modifications	<input type="checkbox"/> Services Delivery Grid			
<input type="checkbox"/> Goals/Objectives	<input type="checkbox"/> Additional Information			
<input type="checkbox"/> Orientation and mobility services are needed and will be addressed in the following section(s) of the IEP: <table border="1" data-bbox="324 850 1609 955"> <tr> <td data-bbox="324 850 975 883"><input type="checkbox"/> Accommodations/Modifications</td> <td data-bbox="975 850 1609 883"><input type="checkbox"/> Services</td> </tr> <tr> <td data-bbox="324 883 975 955"> <input type="checkbox"/> Delivery Grid      Goals/Objectives         </td> <td data-bbox="975 883 1609 955"> <input type="checkbox"/> </td> </tr> </table>	<input type="checkbox"/> Accommodations/Modifications	<input type="checkbox"/> Services	<input type="checkbox"/> Delivery Grid      Goals/Objectives	<input type="checkbox"/>
<input type="checkbox"/> Accommodations/Modifications	<input type="checkbox"/> Services			
<input type="checkbox"/> Delivery Grid      Goals/Objectives	<input type="checkbox"/>			

## ACCOMMODATIONS AND MODIFICATIONS

**Accommodations:** List the accommodations the student needs to make progress in the areas of academic achievement and functional performance. Leave blank any boxes that are not appropriate for the student.

	<b>Presentation of Instruction</b> The way information is presented.	<b>Response</b> The way the student responds.	<b>Timing and/or Scheduling</b> The timing and scheduling of the instruction.	<b>Setting and/or Environment</b> The characteristics of the setting.
Classroom accommodations				
Nonacademic settings (lunch, recess, etc.)				
Extracurricular activities				
Community/workplace				

**Modifications:** List the modifications, if any, that are needed to the student's program so they can meet their goals, make progress, and participate in activities alongside students with and without disabilities. Leave blank any boxes that are not appropriate for the student.

	<b>Content</b>	<b>Instruction</b>	<b>Student Output</b>
Classroom modifications			
Nonacademic settings (lunch, recess, etc.)			16
Extracurricular activities			
Community/workplace			



# **Presentation Accommodations**

**(The way information is provided to the student by the teacher)**

- **Visual Supports**
- **Large print editions of text**
- **Directions repeated as needed**
- **Directions read aloud by test administrator**
- **FM or other type of assistive device**
- **Amplification equipment ( hearing aid)**
- **Color overlays to reduce glare**
- **Redirect to task**
- **Positive reinforcement**
- **Teacher check in's**
- **Teachers check in at the end of the day**

# **Response Accommodations**

**(The way the student responds)**

- **Periodic checks provided to ensure student is marking in correct spaces**
- **Student dictates answers to scribe**
- **Word processor**
- **Calculator**
- **Graph paper**
- **Use of a highlighter**
- **Paper based test**
- **Large print**

# Timing/Scheduling

(The timing and scheduling of instruction)

- Multiple testing sessions
- Extended time to complete tests
- Untimed testing sessions
- Allow frequent breaks testing purposes

# Setting/Environment

(The characteristic of the setting)

- In a small group, in a separate location
- Individually in a separate location
- In location with minimal distractions/Quiet Space
- Near student's special education teacher or aide
- Noise reducing headphones
- Weighted vest or pillow
- Chair pillow, hoiki stool
- Seating placement in front of instruction

**STATE AND/OR DISTRICTWIDE ASSESSMENT/ALTERNATE ASSESSMENT**

Identify the state or districtwide assessments planned during the IEP period. Consider MCAS (Grades 3–12), ACCESS (Grades K–12), etc.

How does the student participate in state and/or district wide assessments?

- ☐ The student participates in on-demand assessment with no accommodations under routine conditions in all content areas.
- ☐ The student participates in on-demand assessment with accommodations.

Please indicate which testing accommodations the student requires:

English Language Arts	Math	Science	Other

- ☐ The student participates in state and/or districtwide alternate assessment(s).

Please select the subject(s) below in which the student needs alternate assessment(s). Please explain why the student needs alternate assessment(s), and why the alternate assessment you have chosen is appropriate for them.

<input type="checkbox"/> English Language Arts	<input type="checkbox"/> Math	<input type="checkbox"/> Science	<input type="checkbox"/> Alternate Access for ELLs
Explanation:	Explanation:	Explanation:	Explanation:

## MEASURABLE ANNUAL GOALS

Please identify the academic and functional goals for this student this year. The goals must be measurable and meet the student's needs that result from their disability to enable them to be involved in and make progress in Early Childhood Outcomes (ages 3–5) or the Massachusetts Curriculum Frameworks (older students). The goals must meet each of the student's other educational needs that result from their disability. Please include additional goals as necessary.

<b>Goal Number:</b>	<b>Goal Area:</b>			
<b>Baseline (What can the student currently do?):</b>				
<b>Annual Goal/Target</b> What skill(s) will the student be expected to attain by the end of this IEP's timeframe?	<b>Criteria</b> What measurement will be used to determine whether the goal has been achieved?	<b>Method</b> How will progress be measured?	<b>Schedule</b> How frequently will progress be measured?	<b>Person(s) Responsible</b> Who will monitor progress?
<b>Short-term objectives and/or benchmarks (intermediate steps between the baseline and the measurable annual goal)</b>				

## SCHEDULE OF PROGRESS REPORTING

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Explain how and when parent(s) will be periodically informed of the student's progress toward meeting the annual goal(s):

--

## Sample Goal

Nia will use her words to identify four out of five feelings (happy, sad, mad, excited, and frustrated) and corresponding faces to increase her self-awareness of her emotions over 3 consecutive weeks. Nia will demonstrate mastery of 4 out of 5 feelings for three consecutive recorded on weekly behavior rating chart by the special education teacher and speech language pathology assistant staff

Goal Number: 1	Goal Area: Social/Emotional/Behavior			
Baseline (What can the student currently do?): Nia can correctly identify one ("happy") out of five feelings.				
Annual Goal/Target What skill(s) will the student be expected to attain by the end of this IEP's timeframe?	Criteria What measurement will be used to determine if the goal has been achieved?	Method How will progress be measured?	Schedule How frequently will progress be measured?	Person(s) Responsible Who will monitor progress?
Nia will use her words to identify four out of five feelings (happy, sad, mad, excited, and frustrated) and corresponding faces to increase her self-awareness of her emotions over 3 consecutive weeks.	Nia will demonstrate mastery of 4 out of 5 feelings for three consecutive weeks.	Weekly behavior rating chart	Weekly  23	Special education teacher and speech language pathology assistant staff
Short-term objectives and/or benchmarks (intermediate steps between the baseline and the measurable annual goal)				
1) Nia will correctly identify faces that show happy and sad. 2) Nia will correctly identify faces that show happy, sad, and mad. 3) Nia will correctly identify faces that show happy, sad, mad, and excited.				

**PARTICIPATION IN THE GENERAL EDUCATION SETTING**

Can the student’s educational needs be met in the general education setting, with or without the use of supplementary aids and services?

☐ Yes   ☐ No

If no, provide an explanation of the extent to which the student will not participate in general education. Include a description of the specific supplementary aids and services considered before determining that the student would be removed from a general education class or activity.

**SERVICE DELIVERY**

Include specially designed instruction, related services, and supports based on peer-reviewed research to the extent practicable (including, if applicable, positive behavioral supports and support/training for school personnel and/or parent[s]). Consider providing services in general education settings before considering other options.

Goal Number(s)	Type of Service	Provided by List job title	Location	Frequency/Duration __ x __ minutes per __ - day cycle	Start Date	End Date
A. Consultation (Indirect Services to School Personnel and Parents)						
B. Special Education and Related Services in General Education Classrooms (Direct Service)						
C. Special Education and Related Services in Other Settings (Direct Service)						



## TRANSPORTATION SERVICES

- ☐ Transportation will be provided in the same manner as it would be for students without disabilities. (Please note that if the student is placed in a program located at a school **other** than the school the student would have attended if not eligible for special education, then transportation will be provided.)
- ☐ The student requires transportation supports and/or services as a related service.
  - ☐ Student will be transported on a **regular** transportation vehicle with the following assistance, attendants, modifications, and/or specialized equipment and precautions:

Specify the disability-related need(s) that require support(s) during transportation (e.g., seizures, a tendency for motion sickness, behavioral or communication difficulties):

- ☐ Student will be transported on a **special** transportation vehicle with the following assistance, attendants, modifications, and/or specialized equipment and precautions:

Specify the disability-related need(s) that require support(s) during transportation (e.g., seizures, a tendency for motion sickness, behavioral or communication difficulties):

## SCHEDULE MODIFICATION

Does the student require a different duration to their school program, including the length of their day or year so that they can receive a free appropriate public education?

☐ Yes ☐ No

If yes, what are the student's disability-related needs that require a different schedule?

If yes, describe the change in schedule to the student's educational program.

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If the student requires a longer year, please include the services they will receive (including, if applicable, positive behavioral supports and support/training for school personnel and/or parent[s]) during Extended School Year in the service delivery grid below.

## SERVICE DELIVERY FOR EXTENDED SCHOOL YEAR SERVICES

Describe the specially designed instruction, related services, and supports that the student needs to avoid substantial regression during summer break and to continue to make effective progress.

Goal Number(s)	Type of Service	Provided by List job title	Location	Frequency/Duration ____ x ____ minutes per ____ - day cycle	Start Date	End Date
<b>A. Consultation (Indirect Services to School Personnel and Parents)</b>						
<b>B. Special Education and Related Services in General Education Classrooms (Direct Service)</b>						
<b>C. Special Education and Related Services in Other Settings (Direct Service)</b>						

### Extended School Year Transportation Services

- ☐ Transportation will be provided in the same manner as it would be for students without disabilities. (Please note that if the student is placed in a program located at a school **other** than the school they would have attended if not eligible for special education, transportation will be provided.)
- ☐ The student requires transportation supports and/or services as a related service.
- ☐ Student will be transported on a **regular** transportation vehicle with the following assistance, attendants, modifications, and/or specialized equipment and precautions:

Specify the disability-related need(s) that require support(s) during transportation (e.g., seizures, a tendency for motion sickness, behavioral or communication difficulties):

- ☐ Student will be transported on a **special** transportation vehicle with the following assistance, attendants, modifications, and/or specialized equipment and precautions:

Specify the disability-related need(s) that require support(s) during transportation (e.g., seizures, a tendency for motion sickness, behavioral or communication difficulties):

## ADDITIONAL INFORMATION

Record other IEP information not previously stated (e.g., information about the student that is important to know but is not addressed through IEP goals and services).

## RESPONSE SECTION

<b>School Assurance:</b> I certify that the goals in this IEP are those recommended by the Team and that the indicated special education services will be provided.					
Name and role of LEA representative:		Signature:		Date:	
<b>Response from parent(s) or student who has reached the age of majority with decision-making rights:</b> It is important to tell the district your decision as soon as possible. Please indicate your response by checking the appropriate box below and returning a signed copy to the district.					
<input type="checkbox"/> I accept this IEP as developed.					
<input type="checkbox"/> I reject the following portions of the IEP with the understanding that any portion(s) that I do not reject will be considered accepted and implemented immediately. Rejected portions are as follows:					
<input type="checkbox"/> I reject this IEP as developed.					
Parent Comment: I would like to make the following comment(s) but realize any comment(s) made that suggest changes to the proposed IEP will not be implemented unless the IEP is amended.					
Signature of Parent(s), Guardian, Educational Surrogate Parent, or Student 18 and Over**					Date:
** Student signature is required once a student reaches 18 unless there is a court-appointed guardian.					

## Meeting Request

☐ I request a meeting to discuss the rejected IEP or rejected portion(s).

iep-technical-guide.docx

Questions?