

(District Name)

### Individual Education Program (IEP)

Meeting Date:	Start Date:	Review (End) Date:
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Student's Full Name:	SSID:
Date of Birth:	Grade:
School:	Disability:
Age:	

Education Performance Areas Assessed	Present Levels of Academic Achievement and Functional Performance, including how the disability affects the student's involvement and progress in the general curriculum (For preschool children include the effect on participation in appropriate activities; Beginning in the child's 8 <sup>th</sup> grade year or when the child has reached the age of 14, a statement of transition needs is included.)
Communication Status	<input type="checkbox"/> Performance commensurate with similar age peers _____
Academic Performance	<input type="checkbox"/> Performance commensurate with similar age peers _____
Health, Vision, Hearing, Motor Abilities	<input type="checkbox"/> Not an area of concern at this time _____
Social and Emotional Status	<input type="checkbox"/> Performance commensurate with similar age peers _____
General Intelligence	<input type="checkbox"/> Performance commensurate with similar age peers _____
Transition Needs	<input type="checkbox"/> Not an area of concern at this time <i>(Checking this box is not an option when the student is in the 8<sup>th</sup> Grade or 14 years or older because transition must be addressed for these students)</i> Check all areas of need as identified by the Admissions and Release Committee (More than one area may be checked.) <input type="checkbox"/> Instruction <input type="checkbox"/> Related services <input type="checkbox"/> Community experiences <input type="checkbox"/> Employment <input type="checkbox"/> Daily Living Skills <input type="checkbox"/> Post School Adult Living Objectives <input type="checkbox"/> Functional Vocational Evaluation _____
Functional Vision/Learning Media Assessment	<input type="checkbox"/> Not an area of concern at this time _____

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**Consideration of Special Factors for IEP Development:** (The ARC MUST address each question below and consider these issues in the review and revision of the IEP.)

- Does the child's behavior impede his/her learning or that of others?  No  Yes If Yes, include appropriate strategies, such as positive behavioral interventions and supports in the 'Statement of Devices/ Services' below.
- Does the child have limited English proficiency?  No  Yes. If Yes, what is the relationship of language needs to the IEP?

- Is the child blind or visually impaired?  No  Yes If Yes, the IEP Team must consider:
  - Is instruction in Braille needed?  No  Yes
  - Is use of Braille needed?  No  Yes
  - Will Braille be the student's primary mode of communication?  No  Yes  
(See evaluation data for supporting evidence.)

- Does the child have communication needs?  No  Yes. If Yes, specify below

See Present Levels for Communication Status  
 Other (Specify): \_\_\_\_\_

- Is the child deaf or hard of hearing?  No  Yes. If Yes, the IEP Team must consider:

- The child's language and communication needs; Describe:

See Present Levels for Communication Status  
 Other (Specify): \_\_\_\_\_

- Opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level and full range of needs; Describe:

- Any necessary opportunities for direct instruction in the child's language and communication mode; Describe:

- Are assistive technology devices and services necessary in order to implement the child's IEP?

No  Yes If Yes, include appropriate devices, in the 'Statement of Devices/Services' below.

**Statement of Devices/Services:** If the ARC answers 'Yes' to any of the questions above, include a statement of services and or devices to be provided to address the above special factors.

See Specially Designed Instruction     See Supplemental Aids and Services     See Behavior Intervention Plan  
 Other (Specify) \_\_\_\_\_



Student's Full Name:		SSID:	
Date of Birth:		Meeting Date:	

Statement of Supplementary Aids and Services, to be provided to the child or on behalf of the child:

\_\_\_\_\_

**Accommodations for Administration of State Assessments and Assessments in the Classroom**

ARC determined no accommodations needed

In order to justify appropriateness of accommodations for any state mandated tests, the testing accommodations must be used consistently as part of routine instruction and classroom assessment as well as meet all additional requirements established by the *Inclusion of Special Populations in the State-Required Assessment and Accountability Programs, 703 KAR 5:070* document.

**NOTE:** *The Kentucky Administrative Regulations regarding accommodations on state testing dictate whether a student may use a particular accommodation during the administration of state tests. Any IEP test accommodation that the regulations determine will invalidate a particular test or type of test **shall not** be utilized in administration of such tests to the student.*

- Readers
- Scribes
- Paraphrasing
- Reinforcement and behavior modification strategies
- Prompting/cueing
- Use of technology
- Manipulatives
- Braille
- Interpreters
- Extended time
- Other: specify \_\_\_\_\_
- Student has been determined eligible for participation in the **Alternate Assessment Program**. Complete the Participation Guidelines for the KY Alternate Assessment form if selecting this checkbox. If determined eligible for the Alternate Assessment, the ARC must also determine if the student is Dimension A or Dimension B.
  - Dimension A
  - Dimension B

Program Modifications/Supports for School Personnel that will be provided:


Student's Full Name:		SSID:	
Date of Birth:		Meeting Date:	

**Least Restrictive Environment (LRE) and General Education:** Explain the extent, if any, to which the student will not participate in general education (content area):

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Special Education	Anticipated Frequency and Duration Of Service						Service Provider (by Position)	Location (e.g., Regular Classroom, Resource Room, Separate Class)		
	Service Minutes (Per Service Frequency)		Service Frequency (Number of times provided per Service Period)		Service Period (Daily, Weekly, Monthly, Annually)				Start Date	End Date
		<i>Minutes</i>			<i>Times Per</i>					
		<i>Minutes</i>			<i>Times Per</i>					
		<i>Minutes</i>			<i>Times Per</i>					
		<i>Minutes</i>			<i>Times Per</i>					

Related Services										
Type of Service	Anticipated Frequency and Duration Of Service						Service Provider (by Position)	Location (e.g., Regular Classroom, Resource Room, Separate Class)		
	Service Minutes (Per Service Frequency)		Service Frequency (Number of times provided per Service Period)		Service Period (Daily, Weekly, Monthly, Annually)				Start Date	End Date
		<i>Minutes</i>			<i>Times Per</i>					
		<i>Minutes</i>			<i>Times Per</i>					
		<i>Minutes</i>			<i>Times Per</i>					
		<i>Minutes</i>			<i>Times Per</i>					

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**Extended School Year:**       Yes       No       More Data Needed

If the ARC determines ESY services are to be provided, describe the service and indicate to which annual goal or goals the service is related. If the ARC determines no ESY services are to be provided, please document the reason(s) for this decision.

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**What transition assessments were used to determine the child's preferences and interests?** (Check all that apply)

- Student Interview     Student Survey     Student Portfolio     Vocational Assessments     Interest Inventory  
 Parent Interview     Career Awareness     Career Aptitude     ILP     Other: \_\_\_\_\_

**Transition Services Needs** (Beginning in the child's 8<sup>th</sup> grade year or when the child has reached the age of 14 and thereafter)

**Does the student's Individual Learning Plan (ILP) include the student's course of study?**

No. If **No**, do not proceed with development of IEP until ILP is initiated, including the child's course of study.

Yes. (See student's attached course of study to include current year through graduation or exiting year)

**Do transition service needs focus on the child's course of study and are they addressed in the Present Levels?**

No                       Yes

**Postsecondary Goal(s)** (By age 16, or younger if appropriate, and thereafter)

Postsecondary Goal(s) Related to Education/Training, Employment, and if needed, Independent Living:

\_\_\_\_\_

<b>Transition Services and Agency Responsible</b> (By age 16, or younger if appropriate, and thereafter)	
Transition Service	Agency Responsible

If applicable, One year before the student reaches age 18 the student and parent have been informed of the student's rights under Part B of the Individuals with Disabilities Education Act, if any, that will transfer on reaching the age of majority. Date Informed: \_\_\_\_\_