

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: \_\_\_\_\_

<b>IEP COMMITTEE PARTICIPANTS</b> <i>(Signatures are not required.)</i>			
<input type="checkbox"/> <b>Initial</b> [ <i>Written Parental Permission For Initial Placement must be signed before implementation</i> ]		<input type="checkbox"/> <b>Annual</b>	
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			
<p><i>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. <b>Attach all written documentation to the IEP.</b></i></p>			
<b>The IEP meeting was conducted via alternate means of technology:</b>			<input type="checkbox"/> <b>N/A</b>
<input type="checkbox"/> Video Conferencing <input type="checkbox"/> Conference Call <input type="checkbox"/> Other (specify): _____			
<b>This IEP meeting was recorded:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
PROCEDURAL SAFEGUARDS NOTICE			
<p><b>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.</b></p>			
<b>Parent/Guardian Signature:</b> _____			<b>Date:</b> _____

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Public Agency/School District: \_\_\_\_\_ Child's Name: \_\_\_\_\_

<b>IEP COMMITTEE PARTICIPANTS</b> <i>(Signatures are not required.)</i>			
IEP Action: <input type="checkbox"/> Review <input type="checkbox"/> Revise <input type="checkbox"/> Amend <input type="checkbox"/> ESY		Date: _____ / _____ / 20_____	
Name	Position	Name	Position
	Agency Representative		Other: _____
	General Educator		Other: _____
	Special Educator		Other: _____
	Parent/Guardian		Other: _____
	Parent/Guardian		Other: _____
	Child		Other: _____
<b>Names and Position of Excused IEP Committee Members</b>			
<p>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 <u>written</u> input to the IEP Committee prior to the meeting. <b>Attach all written documentation to the IEP.</b></p>			
<b>The IEP meeting was conducted via alternate means of technology:</b>			<input type="checkbox"/> N/A
<input type="checkbox"/> Video Conferencing <input type="checkbox"/> Conference Call <input type="checkbox"/> Other (specify): _____			
<b>This IEP meeting was recorded:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>PROCEDURAL SAFEGUARDS NOTICE</b>			
<input type="checkbox"/> 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.			
<input type="checkbox"/> 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: _____

<b>SUMMARY OF REVISION</b>
<p>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).</p>
<input type="checkbox"/> Check to verify that all changes were made in the IEP

Public Agency/School District: \_\_\_\_\_ Child's Name: \_\_\_\_\_

**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	
<b>Present Levels of <u>Social Emotional Skills and Relationships</u> Performance Summary:</b> <input type="checkbox"/> Social <input type="checkbox"/> Emotional <input type="checkbox"/> Behavioral <input type="checkbox"/> Other: _____	
<b>Present Levels of <u>Knowledge and Skills</u> Performance Summary:</b> <input type="checkbox"/> Communication <input type="checkbox"/> Pre-Academic <input type="checkbox"/> Cognitive <input type="checkbox"/> Other: _____	
<b>Present Levels of <u>Appropriate Behavior to Meet Needs</u> Performance Summary:</b> <input type="checkbox"/> Gross/Fine Motor Skills <input type="checkbox"/> Adaptive/Daily Living Skills <input type="checkbox"/> Other: _____	
<i>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.</i>	
<b>Does this area impact the child's social emotional skills and relationships performance?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does this area impact the child's knowledge and skills performance?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does this area impact the child's appropriate behavior to meet needs performance?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>sufficient</b> progress to meet the annual goal. B. The child is making <b>insufficient</b> progress to meet the annual goal. <b>(An IEP meeting must be held to discuss revisions.)</b> 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 <i>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.).</i>	PAG

Notification of Progress Provided to Parents/Guardians				
Type	<input type="checkbox"/> Progress Notes	<input type="checkbox"/> Report Cards	<input type="checkbox"/> Goals Sheets	<input type="checkbox"/> Other: _____
Frequency	<input type="checkbox"/> Every 4 ½ weeks	<input type="checkbox"/> Every 6 weeks	<input type="checkbox"/> Every 9 Weeks	<input type="checkbox"/> 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 Academic Performance Summary:**  Reading  Math

**Present Levels of Functional 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 <b>sufficient</b> progress to meet the annual goal. B. The child is making <b>insufficient</b> progress to meet the annual goal. <b>(An IEP meeting must be held to discuss revisions.)</b> 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 <i>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.).</i>	PAG

**Notification of Progress Provided to Parents/Guardians**

<b>Type</b>	<input type="checkbox"/> Progress Notes <input type="checkbox"/> Report Cards <input type="checkbox"/> Goals Sheets <input type="checkbox"/> Other: _____
<b>Frequency</b>	<input type="checkbox"/> Every 4 ½ weeks <input type="checkbox"/> Every 6 weeks <input type="checkbox"/> Every 9 Weeks <input type="checkbox"/> Other: _____

\*TA = Transition Activity

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Public Agency/School District: \_\_\_\_\_ Child's Name: \_\_\_\_\_

SPECIAL CONSIDERATIONS*	
<b>Communication (Required)</b>	
Does the child have special communication needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, describe the specific needs and document the basis for the decision:</b>  	
<b>Assistive Technology (Required)</b>	
Does the child need assistive technology services or devices to maintain or improve functional capabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the child need assistive technology assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, describe the specific needs and document the basis for the decision:</b>  	
<b>Service for Children who are Blind or Visually Impaired</b>	
<div style="text-align: right;"><input type="checkbox"/> N/A</div> <i>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.</i> Instruction in Braille considered? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">Evaluation Date: _____</span> Is instruction in Braille appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Document the basis for the decision:</b>  Were the parents provided information about the Mississippi School for the Blind? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Service for Children who are Deaf or Hearing Impaired</b>	
<div style="text-align: right;"><input type="checkbox"/> N/A</div> <i>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.</i> Child's language and communication mode: _____ Is direct instruction in the child's language and communication mode needed? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Document the basis for the decision:</b>  Were the parents provided information regarding the Mississippi School for the Deaf? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Behavior Intervention</b>	
<div style="text-align: right;"><input type="checkbox"/> N/A</div> <i>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.</i> Does the child have/need a functional behavioral assessment (FBA)? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">Assessment Date: _____</span> Does the child have/need a behavior intervention plan (BIP)?** <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">Implementation Date: _____</span> Has the behavior intervention plan (BIP) been reviewed/revise? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">Review Date: _____</span> <span style="float: right;">Revision Date: _____</span> <b>Document the basis for the decision:</b>  **If a child has a BIP, s/he <u>must</u> have a corresponding annual goal(s) to address behavioral concerns.	
<b>Services for Children with Limited English Proficiency</b>	
<div style="text-align: right;"><input type="checkbox"/> N/A</div> <i>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.</i> <b>Describe the specific needs and document the basis for the decision:</b>  	

\* Indicate Special Considerations in the Summary of Performance.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Public Agency/School District: \_\_\_\_\_ Child's Name: \_\_\_\_\_

SPECIAL EDUCATION AND RELATED SERVICES					
<b>Special Education</b>					
Service	Area	Location	Start Date	Duration/Frequency	End Date
<i>Document basis for the decision:</i>					
<b>Instructional/Functional Accommodations</b>					
Service	Area	Location	Start Date	Duration/Frequency	End Date
<i>Document basis for the decision:</i>					
<b>Program Modifications</b>					
Service	Area	Location	Start Date	Duration/Frequency	End Date
<i>Document basis for the decision:</i>					
<b>Related Services</b>					
Service	Area	Location	Start Date	Duration/Frequency	End Date
<i>Document basis for the decision:</i>					
<b>Supports for Personnel</b>					
Service	Area	Location	Start Date	Duration/Frequency	End Date
<i>Document basis for the decision:</i>					
<b>Area</b>					
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: _____	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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 1 <sup>st</sup> 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: \_\_\_\_\_



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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<sup>2</sup>)*, *Mississippi Curriculum Test, 3<sup>rd</sup> Edition (MCT3)*, *Mississippi Science Test 2 (MST2)*, *Subject Area Testing Program, 2<sup>nd</sup> and 3<sup>rd</sup> Editions (SATP2/SATP3)*, *Mississippi Writing Assessment Program, 3<sup>rd</sup> Edition (MWAP3)*, *Mississippi Career Planning and Assessment System, 2<sup>nd</sup> 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 <sup>2</sup> : Kindergarten Readiness Assessment												
MKAS <sup>2</sup> : 3 <sup>rd</sup> Grade Summative Assessment												
MCT3 English Language Arts/Literacy												
MCT3 Mathematics												
MST2												
SATP2/3 Algebra I [Admin. date ___/___/___ Passed <input type="checkbox"/>												
SATP2 Biology I [Admin. date ___/___/___ Passed <input type="checkbox"/>												
SATP2/3 English II [Admin. date ___/___/___ Passed <input type="checkbox"/>												
SATP2 US History [Admin. date ___/___/___ Passed <input type="checkbox"/>												
MWAP3 [Admin. date ___/___/___ Passed <input type="checkbox"/>												
MS-CPAS2 [Admin. date ___/___/___ Passed <input type="checkbox"/>												
ACT												
ACCESS for ELL												
Other: _____												

**Subject Area Testing Program, 2<sup>nd</sup> Edition Alternative Assessment (SATP2AA) / 3<sup>rd</sup> 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: \_\_\_\_\_

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Public Agency/School District: \_\_\_\_\_ Child's Name: \_\_\_\_\_

**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 <sup>2</sup>        | 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: _____ |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Public Agency/School District: \_\_\_\_\_ Child's Name: \_\_\_\_\_

INDIVIDUAL TRANSITION PLAN					
<b>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.</b>					
Postsecondary Goals					
Specify appropriate measurable postsecondary goals as identified by the child, parent(s) and IEP Committee. Postsecondary goals are based upon <b>age-appropriate transition assessments</b> 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 <b>instruction, related services, community experiences, development of employment and other post-school adult living objectives, and acquisition of daily living skills</b> to be provided before graduation to support the child in achieving his/her postsecondary goals.					
<b>Instruction</b> (e.g. accommodations, tutoring, skills training, prep for college exam)					
List the activities the <u>school</u> , <u>child</u> , <u>parent</u> and any <u>outside agency(ies)</u> will do to help the child reach the stated post-secondary goal(s). Specify any outside agency(ies) that will provide transition services.					
<b>Related Services</b> (e.g., parent(s), technology, transportation, medical services, supported services)					
List the activities the <u>school</u> , <u>child</u> , <u>parent</u> and any <u>outside agency(ies)</u> will do to help the child reach the stated post-secondary goal(s). Specify any outside agency(ies) that will provide transition services.					
<b>Community Experiences</b> (e.g., job shadowing, supported employment, banking, shopping, touring postsecondary institutions)					
List the activities the <u>school</u> , <u>child</u> , <u>parent</u> and any <u>outside agency(ies)</u> will do to help the child reach the stated post-secondary goal(s). Specify any outside agency(ies) that will provide transition services.					

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Public Agency/School District: \_\_\_\_\_ Child's Name: \_\_\_\_\_

**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):

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

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.**

<input type="checkbox"/> Education/Training:	<input type="checkbox"/> Employment:	<input type="checkbox"/> 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: \_\_\_\_\_

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Public Agency/School District: \_\_\_\_\_ Child's Name: \_\_\_\_\_

**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)

- |                                                               |                                                                                                                         |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>PC</b> /Home                      | <input type="checkbox"/> <b>PI</b> /Regular program ten (10) or more hours per week and served in the regular program   |
| <input type="checkbox"/> <b>PE</b> /Residential Facility      | <input type="checkbox"/> <b>PJ</b> /Regular program ten (10) or more hours per week and served in another location      |
| <input type="checkbox"/> <b>PF</b> /Separate School           | <input type="checkbox"/> <b>PK</b> /Regular program less than ten (10) hours per week and served in the regular program |
| <input type="checkbox"/> <b>PG</b> /Separate Class            | <input type="checkbox"/> <b>PL</b> /Regular program less than ten (10) hours per week and served in another location    |
| <input type="checkbox"/> <b>PH</b> /Service Provider Location |                                                                                                                         |

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

- |                                                                                             |                                                                          |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> <b>SA</b> /Inside general education class 80% or more of the day   | <input type="checkbox"/> <b>SF</b> /Residential Facility                 |
| <input type="checkbox"/> <b>SB</b> /Inside general education class 40 to 79% of the day     | <input type="checkbox"/> <b>SH</b> /Home-Hospital                        |
| <input type="checkbox"/> <b>SC</b> /Inside general education class less than 40% of the day | <input type="checkbox"/> <b>SI</b> /Correctional Facilities              |
| <input type="checkbox"/> <b>SD</b> /Separate School                                         | <input type="checkbox"/> <b>SJ</b> /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:** \_\_\_\_\_

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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) <i>These must be existing measurable annual goals or STIO/Bs except for situations as described in the note above.</i>	TA	MOM	Report of Progress	
			CLP	PAG

TA = Transition Activity	Methods of Measurement (MOM)		Report of Progress	
	<b>OBS</b> = Observation <b>CRT</b> = Criterion Reference Test <b>CBM</b> = Curriculum Based Measure	<b>WS</b> = Work Samples <b>D/P</b> = Demonstration/Performance <b>Other:</b> _____	<b>CLP</b> = Current Level of Performance <b>PAG</b> = Progress on Annual Goal <i>See Annual Goal page for codes</i>	

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 <i>(See Special Education and Related Service page for code)</i>	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.