

School: _____

School Address: _____

Case Manager: None Assigned Phone #: None Entered

District of Liability: _____

Individualized Education Program

STUDENT INFORMATION:

Full Name: _____ Date of Birth: _____ Age: _____

Street: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Male Female Primary Disability: _____

SASID: _____ SPEDIS: _____ Secondary Disability: _____
(if applicable)

Primary Language: _____ Tertiary Disability: _____
(if applicable)

Grade/Level: _____ Is the student court-placed? Yes No

PARENT/GUARDIAN INFORMATION:

Full Name: _____ Relationship to Student: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____ Primary Language: _____

PARENT/GUARDIAN INFORMATION

Full Name: _____ Relationship to Student: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____ Primary Language: _____

MEETING INFORMATION:

IEP Term Dates: From: _____ To: _____ From: _____ To: _____

Date of Meeting: _____

Date of next 3 Year Reevaluation: _____ Date of Next Annual Review: _____

(Should this student's re-evaluation be due during this IEP year, the Team may hold a discussion and list the assessments to be administered.)

Assessment type: _____ Evaluator: _____

Assessment type: _____ Evaluator: _____

Assessment type: _____ Evaluator: _____

Student Name: _____ DOB: _____ Grade/Level: _____

SASID: _____ IEP Dates From: _____ To: _____

SPEDIS: _____ From: _____ To: _____

Individualized Education Program

Student Profile:

Describe how the student's disability affects the student's involvement and progress in the general curriculum and non-academic areas including information from the most recent evaluations. For preschool students, as appropriate, describe how the disability affects the student's participation in appropriate activities:

Describe the student's strengths:

Describe the student's needs:

Academic:

Functional:

Describe any behaviors which may impede learning:

Describe the parent's input for enhancing the student's education:

Student Name: _____ DOB: _____ Grade/Level: _____

SASID: _____ IEP Dates From: _____ To: _____

SPEDIS: _____ From: _____ To: _____

Individualized Education Program

Measurable Annual Goal

Goal Number: _____

State Standard/GSE/GLE: _____

Area of Need: _____

Measurable Annual Goal: _____

Objectives/Benchmarks: _____

How Progress will be measured: _____

Implementation Personnel: _____

Quarter 1: Date: _____ Progress _____% Not Introduced _____ Achieved _____

Narrative: _____

Quarter 2: Date: _____ Progress _____% Not Introduced _____ Achieved _____

Narrative: _____

Quarter 3: Date: _____ Progress _____% Not Introduced _____ Achieved _____

Narrative: _____

Quarter 4: Date: _____ Progress _____% Not Introduced _____ Achieved _____

Narrative: _____

Student Name: _____ DOB: _____ Grade/Level: _____
SASID: _____ IEP Dates From: _____ To: _____
SPEDIS: _____ From: _____ To: _____

Individualized Education Program

General Curriculum Accommodations/Modifications

Supplementary Aids & Services:

Accommodations (a):

(Support and Services to help the student access the general curriculum/program and or validly demonstrate learning. Does not fundamentally alter expectations or standards in instructional level, content or performance criteria.)

Modifications (m):

(Specifically designed instruction that changes the general curriculum content or standards and what is expected of the student in order for the student to make effective progress. Does fundamentally alter expectations or standards in instructional level, content or performance criteria.)

No classroom accommodations have been selected for this IEP.

Student Name: _____ DOB: _____ Grade/Level: _____

SASID: _____ IEP Dates From: _____ To: _____

SPEDIS: _____ From: _____ To: _____

Individualized Education Program

Assessment Accommodations

Student Name: _____ DOB: _____ Grade/Level: _____

SASID: _____ IEP Dates From: _____ To: _____

SPEDIS: _____ From: _____ To: _____

Individualized Education Program

Consideration of Special Factors

In the case of a student whose behavior impedes his/her learning or that of others, consider, if appropriate, strategies including positive behavioral interventions, strategies and supports to address that behavior:

None Needed Needed (If Needed, write a behavior plan or goals and objectives)

In the case of a student with limited English proficiency, consider the language needs of the student as these needs relate to the student's IEP:

None Needed Needed (Write specific goals for IEP)

In the case of a student who is blind or visually impaired, provide for instruction in Braille and the use of Braille:

None Needed Needed (Write specific goals for IEP)

Consider the communication needs of the student.

In the case of a student who is deaf or hard of hearing, consider the student's language and communication needs, opportunities for direct communication with peers and professional personnel in the student's language and communication mode, academic level and full range of needs:

None Needed Needed (Write specific goals for IEP)

Whether the student requires specific assistive technology devices and services (beyond what is available to students):

None Needed Needed

Nonparticipation Justification

Explanation of extent, if any, to which the student will not participate with non-disabled students in regular class, extra-curricular and non-academic activities (i.e. art, music, physical education, electives):

Extended School Services

Is this student eligible for extended school services to prevent severe and substantial harm and regression that would have the effect of negating the benefits of such child's regular education program?

No Yes To Be Determined If yes, respond to the statement below.

Cite evidence that the student meets these eligibility standards.

If needed, goals and services to be addressed during the extended school services will be determined prior to the beginning of the program.

Transportation Services

Does the student require transportation as a result of the disability(ies)?

No Regular transportation will be provided in the same manner as it would be provided for students without disabilities.

Yes Specialized transportation will be provided. (Include in Related Services.)

Reasons:

Student Name: _____ DOB: _____ Grade/Level: _____

SASID: _____ IEP Dates From: _____ To: _____

SPEDIS: _____ From: _____ To: _____

Individualized Education Program

Services (Plan Period 1)

Medicaid Order/Recommendation/Referral Form Needed

Service Class	Name of Service	Goal #	Service Provider	Classroom		Frequency	Duration	Start Date	End Date
				Location	Size				

Service Class Key

SA=Supplemental Aids & Service SE=Special Education Service SS=Related Service TS=Transition Service

Service Location Key

01=Regular Education 02=Special Education 03=Private Day School 04=Residential School 05=3-5 Year Old Homebased
 06=Homebound/Hospital Based 07=Correctional Facility 08=Separate School 09=3-5 year old Service Provider Location
 10=Parentally Placed in Private School

Support for Personnel:

Student Name: _____ DOB: _____ Grade/Level: _____

SASID: _____ IEP Dates From: _____ To: _____

SPEDIS: _____ From: _____ To: _____

Individualized Education Program

Services (Plan Period 2)

Medicaid Order/Recommendation/Referral Form Needed

Service Class	Name of Service	Goal #	Service Provider	Classroom		Frequency	Duration	Start Date	End Date
				Location	Size				

Service Class Key
 SA=Supplemental Aids & Service SE=Special Education Service SS=Related Service TS=Transition Service

Service Location Key
 01=Regular Education 02=Special Education 03=Private Day School 04=Residential School 05=3-5 Year Old Homebased
 06=Homebound/Hospital Based 07=Correctional Facility 08=Separate School 09=3-5 year old Service Provider Location
 10=Parentally Placed in Private School

Support for Personnel:

Student Name: _____ DOB: _____ Grade/Level: _____

SASID: _____ IEP Dates From: _____ To: _____

SPEDIS: _____ From: _____ To: _____

Individualized Education Program

Services (Extended School Year)

Medicaid Order/Recommendation/Referral Form Needed

Service Class	Name of Service	Goal #	Service Provider	Classroom		Frequency	Duration	Start Date	End Date
				Location	Size				

Service Class Key

SA=Supplemental Aids & Service SE=Special Education Service SS=Related Service TS=Transition Service

Service Location Key

01=Regular Education 02=Special Education 03=Private Day School 04=Residential School 05=3-5 Year Old Homebased
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 10=Parentally Placed in Private School

Support for Personnel:

Transition

Student's Preferences, Needs and Interests

(Please refer to the student's portfolio from *Career Cruising and or future planning packet*. This document should be attached each year.)

STUDENT'S INTERESTS/Vision (Based on student's preferences, needs and interests)	STUDENT'S EXPERIENCES related to their vision
1. INSTRUCTION: POST SECONDARY EDUCATION AND LEARNING OPPORTUNITIES: (e.g. 2 or 4 year college, vocational education, continuing and adult education)	CURRENT skills related to post secondary education and learning opportunities.
2. EMPLOYMENT: FUTURE EMPLOYMENT (INTEGRATED EMPLOYMENT OR AS APPROPRIATE SUPPORTED EMPLOYMENT):	CURRENT JOB SKILLS:
3. DAILY LIVING SKILLS (e.g. budgeting, paying bills, developing network of friends, emergency procedures)	CURRENT HOME/INDEPENDENT LIVING SKILLS:
ADULT LIVING AND POST SCHOOL (e.g. registering to vote, obtaining drivers license, assessing medical services)	CURRENT ADULT LIVING SKILLS:
4. FUTURE COMMUNITY PARTICIPATION: (e.g. social, recreational, leisure, transportation)	CURRENT COMMUNITY PARTICIPATION:
5. RELATED SERVICES: (identify adult services needed, guardianship, social security, Medicaid)	

Please check the boxes below:

- Student and parent viewed transition checklist and agreed upon transition needs checked. (check list is located in student portfolio)
- Students and parent reviewed the transition Portfolio presented at IEP meeting
- The student was invited to the IEP. What was the form of invite? Letter _____ IEP NOTIFICATION _____

Did the student attend their IEP? yes _____ No _____ Student Signature _____

Individual Education Plan

SPEDIS #

Transition - Academic Transition Plan

(ages 16-21, or younger if appropriate)

Grade Level	CURRENT COURSES AND/OR COURSES COMPLETED (PLEASE FILL IN CORE COURSES EXPECTED TO BE TAKEN OR COURSES ALREADY COMPLETED EACH YEAR.)
9 14/15	
10 15/16	
11 16/17	
12 17/18	

Additional Educational Opportunities/Experiences. (clubs, outside groups, sports, agency connections)

Total number of credits required by Litchfield School District for graduation:

Diploma

Certificate of Completion (continue on to complete next session if certificate is checked)

18-21	
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Coordinated Set of Activities
Goals and Objectives Should Be Based on Individual (Student) Vision (pg 1)
(ages 16-21, or younger if appropriate)

Activity Area: _____

Long Term Goal: _____

Objective:

Evaluation Criteria:

Persons/ Agencies Responsible: _____

Expected Completion Date: _____

Progress: Four times a year (or more, if determined by the IEP)

Activity Area: _____

Long Term Goal: _____

Objective:

Evaluation Criteria:

Persons/ Agencies Responsible: _____

Expected Completion Date: _____

Progress: Four times a year (or more, if determined by the IEP)

Coordinated Set of Activities
Goals and Objectives Should Be Based on Individual (Student) Vision (pg 2)
(ages 16-21, or younger if appropriate)

Activity Area: _____

Long Term Goal: _____

Objective:

Evaluation Criteria:

Persons/ Agencies Responsible: _____

Expected Completion Date: _____

Progress: Four times a year (or more, if determined by the IEP)

Activity Area: _____

Long Term Goal: _____

Objective:

Evaluation Criteria:

Persons/ Agencies Responsible: _____

Expected Completion Date: _____

Progress: Four times a year (or more, if determined by the IEP)

Coordinated Set of Activities
Goals and Objectives Should Be Based on Individual (Student) Vision (pg 3)
(ages 16-21, or younger if appropriate)

Activity Area: _____

Long Term Goal: _____

Objective:

Evaluation Criteria:

Persons/ Agencies Responsible: _____

Expected Completion Date: _____

Progress: Four times a year (or more, if determined by the IEP)

Activity Area: _____

Long Term Goal: _____

Objective:

Evaluation Criteria:

Persons/ Agencies Responsible: _____

Expected Completion Date: _____

Progress: Four times a year (or more, if determined by the IEP)

Transition Related Services

Did the IEP Team determine that the student, if age 16 or older, may benefit from New Hampshire Vocational Rehabilitation services (NHVRS) assistance?

No **Yes** If yes, date NH Vocational Rehabilitation notified _____

Did the IEP team determine outside agencies of possible support that may benefit the student?

Yes _____ No _____

Agency/Name _____

Date _____

Agency/Name _____

Date _____

Agency/Name _____

Date _____

Agency/Name _____

Date _____

Agency/Name _____

Date _____

Yes **No**

 Has release of information to share information with Agency been obtained and signed by Parent or Guardian or Adult Student?

 Has permission to invite outside Agency/Individual to student meetings been signed by Parent or Guardian or Adult Student?

Individualized Education Program

Student Name: _____

Date _____

IEP Team Members

Name: _____

Name: _____

Role: LEA Representative

Role: Parent

Name: _____

Name: _____

Role: Special Education Teacher

Role: Student (if appropriate)

Name: _____

Name: _____

Role: Regular Education Teacher

Role: _____

Name: _____

Name: _____

Role: Parent

Role: _____

I certify that the goals in the IEP are those recommended by the Team and that the indicated services will be provided.

Signature of LEA Representative: _____ Role: _____

Parent Options / Response

Please indicate your response by checking at least one box and returning a signed copy to the district. (*3)

I accept the IEP as developed

I reject the IEP as developed

I accept the IEP as developed with the following exceptions:

If you disagree with the proposal and wish to resolve the matter by initiating due process proceedings, please reference the DOE website (www.ed.state.nh.us/education/laws/RequestforDueProcessHearing.htm) or ask the district for the appropriate forms.

Your signature indicates that you have received the NH Procedural Safeguards Handbook for Special Education July 2005>(*2)

Parent / Guardian Signature: _____ Date: _____

Student Signature: (18 yrs. of age or older) (*1) _____ Date: _____

*1. Required signature once the student reaches 18 (unless there is a court appointed guardian).

*2. Procedural Safeguards/Parental Rights will be provided to every student on or before his/her 17th birthday to assure that the student understands that these rights will transfer to him/her upon reaching the age of majority (18).

*3. The Parent/Guardian has 14 days to respond regarding approval/rejection of the IEP. The school will implement the IEP after 14 days if a response has not been given, unless this is the initial IEP.