

Meeting Dates

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Student

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School District
**INDIVIDUALIZED EDUCATION PROGRAM
 FOR STUDENTS AGE 3 THRU 13**

Student Last Name	First Name	Middle Initial	Date of Birth	Age	Gender	SASID
Home School			Current Grade	Current School		
School Contact Person's Name			School Contact Phone Number		School Contact E-mail	
Is the student an English Language Learner? Yes No			If yes, what is the student's home/native language?			

Family Contact Information

Parent/Guardian					
First Name			Last Name		Home Phone
Address			City	State	Zip Code
Email		Home Native Language		If interpreter needed, what language?	Cell Phone
					Work Phone

Parent/Guardian					
First Name			Last Name		Home Phone
Address			City	State	Zip Code
Email		Home Native Language		If interpreter needed, what language?	Cell Phone
					Work Phone

Educational Surrogate					
First Name			Last Name		Work Phone
Address			City	State	Zip Code

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**IEP Team Meeting
Purpose of This Meeting**

____ Initial IEP ____ Annual Review ____ Reevaluation

Most recent evaluation date: _____ Next evaluation date: _____

**IEP Team Meeting Participants
Today's date: __/__/__**

Role/Name (please print)	Signature showing attendance at meeting	Role/Name (please print)	Signature showing attendance at meeting
Student			
Parent(s)			
Parent(s)			
Regular Education Teacher			
Special Education Teacher			
Local Educational Agency Rep			

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**Present Levels of Academic Achievement and Functional Performance
What Can This Student Do Now?**

Present Levels of Functional Performance	
Strengths	Needs

Present Levels of Academic Achievement	
Strengths	Needs

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Areas to be Addressed During the Timeframe of This IEP

Academic

Functional

**Areas to be Addressed During the Timeframe of This IEP
For Preschool Student**

Academic Standards Student's Program Will Address

- RI Early Learning Standards
- Grade Level Expectations
- Grade Span Expectations
- WIDA English Language Proficiency Standards
- Alternate Assessment Grade Span Expectations (attach the completed Participation Criteria for the RI AA to the IEP)
- Other, Please specify _____

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Measurable Annual Academic or Functional Goal(s)

Area of Need	Baseline: What student can do now. (You may attach a chart or graph.)		
Goal #	What student can do by the end of this IEP.	How student's progress will be measured.	When progress will be reported to parents.

Measurable Short Term Objectives or Benchmarks

These are the measurable steps along the way to help student to achieve this goal.

Measurable Annual Academic or Functional Goal(s)

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Considerations

In developing the IEP, did the IEP Team consider: (a) The strengths of the student? (b) The concerns of the parents for enhancing the education of their student? (c) The results of the initial or most recent evaluation of the student? (d) The academic, developmental and functional needs of the student?	Yes		If the IEP team cannot answer yes to each of these questions a-d, the team must review that factor and consider the impact of the general factor when developing this IEP.
Does the student's behavior impede his/her learning or that of others?	Yes	No	If yes, the IEP Team must consider the use of positive behavioral interventions and supports and other strategies to address the behavior.
Is the student an English Language Learner?	Yes	No	If yes, the IEP Team must consider the language needs that relate to this IEP.
Is the student blind or visually impaired?	Yes	No	
If yes, does the student need instruction in Braille or the use of Braille?	Yes	No	
Does the student have communication needs that could impede his/her learning?	Yes	No	If yes, the IEP Team must address communication needs.
Is the student deaf or hard of hearing?	Yes	No	If yes, the IEP Team must consider the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode.
Did the IEP Team consider whether the student needs assistive technology device(s) and service(s)?	Yes	No	If no, the IEP Team must consider whether the student needs assistive technology device(s) and service(s).
Does this student have a Personal Literacy Plan (PLP)?	Yes	No	If yes, the short term objectives must be aligned with the student's PLP, where applicable.

Extended School Year Services

Does the Student require Extended School Year (ESY) services?

_____ Yes ESY services will be provided for this student and are described in the special education programs and services, related services, supplementary aids and services, program modification and supports for school personnel sections of this IEP.

_____ No

Special Education

Goal #	Special Education	Provider	Frequency			Beginning Date	Duration	Location	
			hrs/day	days/week	weeks/month			Regular Education	Other

Related Service(s)

Goal #	Related Service	Description of Related Service	Provider	Frequency			Beginning Date	Duration	Location	
				hrs/day	days/week	weeks/month			Regular Education	Other

Educational Environments**The educational environment for this student**

If the student will turn 6 years of age during the timeframe of this IEP, please complete both this section and the Early Childhood Environments section.

- | | | |
|---|---|---|
| <input type="checkbox"/> inside regular class 80% or more of the time | <input type="checkbox"/> inside regular class 79%-40% of the time | <input type="checkbox"/> inside regular class less than 40% of the time |
|---|---|---|

Explanation of Nonparticipation in Regular Class, Extracurricular and Nonacademic Areas

Provide an explanation of the extent, if any, to which the student will not participate with nondisabled students in the regular class and in extracurricular and other nonacademic activities.

Placement

The services described within this IEP place this student (age 3 through 5) in the following category on the continuum of special education placement and services:

- Temporary placement in any educational setting (as described in RI regulations) for a period of no more than thirty (30) days
- Placement in a general early childhood setting with on site consultation by an early childhood special educator and /or provider(s) of related services to the general education teacher and/or the family and when indicated direct intervention with the student
- Placement in an integrated preschool class designed primarily for students with disabilities and including children without disabilities that is located in a public school building. Class size maximum of 15 children with less than 50% being children with disabilities
- Home-based special education and related services provided to the child together with the parents or primary care provider
- Placement at home or in a general early childhood setting with supplementary placement in an early childhood special education setting for a portion of the school day or week
- Full time placement in an early childhood special education setting located in a public school or building or other community based early childhood facility
- Placement in a special education day school
- Placement in a residential special education school

The services described within this IEP place this student (age 6 or older) in the following category on the continuum of special education placement and services:

- General education class with special education consultation, supplementary aides and services or part time services in a special class
- Special class integrated in a school district building
- Home or hospitalized instruction
- Special education day school program
- Special education residential school in a separate public or non-public facility

State/District-wide Assessment Accommodations*

Assessment Accommodation	Reading	Writing	Math	Science	Other

Student will participate in RI Alternate Assessment. Yes No If yes, attach the completed Participation Criteria for the RI AA to the IEP.
Current AAGSE(s) assessed _____

Please refer to the *NECAP: Accommodations, Guidelines, and Procedures: Administrator Training Guide

Parental Consent for Initial Provision of Special Education and Related Services

Informed written parental consent is required before the initial provision of special education services. If this is the first IEP to be in effect for a student with a disability, the informed parent consent for special education services was obtained on __/__/____.

Information for Parents

A copy of the procedural safeguards must be given to the parent(s):

- One time per school year
- Upon initial referral or parent request for evaluation
- Upon receipt of the first State complaint or due process complaint in a school year
- In accordance with discipline procedures
- Upon request by a parent

The school district must provide information for parents on the Local or Regional Advisory Committee on Special Education.

A parent's signature is not required for implementation of the IEP. The school district must provide written notice to the parent(s) 10 school days prior to implementation of the IEP.

Parents have the right to disagree with the IEP and, if necessary, request mediation or initiate a due process hearing as described in the procedural safeguards.

Required Early Childhood Data Collection. Please complete or update at every IEP meeting.**EARLY CHILDHOOD ENVIRONMENTS:**

A Regular Early Childhood Program is defined as a program that includes **51% or more non-disabled children**.

An Early Childhood Special Education Program is defined as a program that includes special education and related services provided in settings with **50% or less non-disabled children**.

Please Report Child in **only 1 Category, either a, b or c.**

a Does This Child Attend a Regular Early Childhood Setting? No, please skip to section b Yes, please complete this section only

⇒ **Total Hours Per Week in Regular Early Childhood Program:** _____ (hours reflect both parentally placed and placed by LEA)

Please indicate type of Regular Early Childhood Program:

Head Start **Kindergarten** **Private Preschool** **Early Care and Education Center** **Integrated Preschool within School District**

b Does This Child Attend an Early Childhood Special Education Program? No, please skip to section c Yes, please complete this section only

Please indicate type of Early Childhood Special Education Program: **Separate Class** **Separate School** **Residential Facility**

Separate class includes classes in regular school buildings, trailers outside of regular school buildings, childcare facilities, hospital facilities on an outpatient basis and other community-based settings

c This Child Does Not Attend Either a Regular Early Childhood Setting or an Early Childhood Special Education Program.

Please indicate *where* the child receives some or all of their special education services: **Home** **Service Provider Location**

EARLY CHILDHOOD TRANSITION: (Complete at Initial IEP only)

Did this child ever receive Early Intervention Services? No Yes, and is being transitioned from EI Yes, but exited prior to referral to Part B

Date the IEP Team met to write the original IEP _____ **Effective date** of the child's original IEP (date first service began)

FOR EARLY INTERVENTION TRANSITION ONLY: If the **effective date** of the child's original IEP (date first service began) was not on or before the child's 3rd birthday, why?

- Late referral (less than 90 days before 3rd birthday)
- Parent Choice
- Child turns three during a period of school closing such as summer or vacation (and child is not eligible for ESY during that period).
- Other (Must specify reason)

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**Present Levels of Academic Achievement and Functional Performance
For Preschool Children
What Can This Student Do Now?**

Strengths	Needs