

INDIVIDUALIZED EDUCATION PROGRAM

Page __ of __

1 → _____ County Schools

2 → Students Full Name _____

Date _____ **3** ←

PART I: STUDENT INFORMATION

4 → Student's Full Name _____

Parent(s)/Guardian(s)/ Surrogate Parent _____ **6** ←

8 → Address _____

(Address continued) _____

11 → Telephone Home: _____ Work: _____ Cell: _____

12 → Reevaluation Due Date: _____

13 → Initial Annual Review Reevaluation Review
 Other _____

14 → Transfer: (from) _____ **15** → Date _____

5 ← DOB _____
7 → Age _____
9 ← Grade _____
10 → WVEIS# _____

PART II: Documentation of Attendance

16 → Signature	Position
_____	Parent
_____	Parent
_____	Student
_____	General Education Teacher
_____	Special Education Teacher
_____	Chairperson
_____	_____
_____	_____
_____	_____
_____	_____

The following people participated in the IEP Team meeting via an alternate method:

17 → Name	Position	Alternate Method
_____	_____	_____
_____	_____	_____
_____	_____	_____

INDIVIDUALIZED EDUCATION PROGRAM

Student's Full Name _____

Date _____

PART III : EXTENDED SCHOOL YEAR (ESY) DETERMINATION

1 → Will ESY be considered while developing this IEP?
 ___ Yes ___ N/A (Student is gifted)

The IEP Team in making its determination of a student's need for ESY shall review documentation that the student exhibits, or may exhibit:







- Significant regression during an interruption in educational programming;
- A limited ability to recoup, or relearn skills once programming has resumed;
- Regression/recoupment problem(s) that interfere with the maintenance of identified critical skills as described in the current IEP; and
- Other factors that interfere with the maintenance of identified critical skills as described in the current IEP, such as predictive data; degree of progress; emerging skills and breakthrough opportunities; interfering behaviors; nature and/or severity of the disability; and special circumstances

The lack of clear evidence of such factors may not be used to deny a student ESY services, if the IEP Team determines the need for such services and includes ESY in the IEP.

2 → Does the student need ESY services?
 ___ Yes ___ No Defer until: _____

(ESY shall be determined annually)

3 → EXTENDED SCHOOL YEAR SERVICES

ESY Services	Direct / Indirect (D or I)	Location of Services * General Education Environment = GEE * Special Education Environment = SEE * Other = _____	Extent/Frequency _____ per _____	Initiation Date m/d/y	Duration m/y
					

10 → After review of the proposed extended school year services, the parent(s)/guardian(s) /adult student;

accept(s) extended school services
 reject(s) extended school services.

Initials: _____ Date: _____

INDIVIDUALIZED EDUCATION PROGRAM

Page __ of __

Student's Full Name _____

Date _____

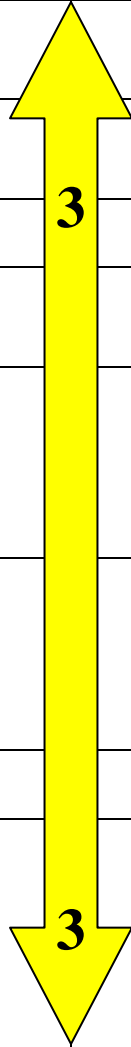
PART IV: CONSIDERATION OF FACTORS FOR IEP DEVELOPMENT/ANNUAL REVIEWS

1 → The IEP team considers for all students:

- The strengths of the student
- The concerns of the parent
- Results of the initial or most recent evaluation of the student. Are additional evaluations needed? (specify) _____
- Academic, developmental and functional needs of the student
- Revisions needed to address lack of progress

2 →

Additional Considerations (if Yes, must be documented in the Present Levels Narrative)		Yes	No
1.	Is the student identified as gifted? <i>If yes, consider whether acceleration will be provided and document its effect on graduation.</i>		
2.	Does the student need assistive technology devices or services? <i>If yes, document the type of device and provision for home use, if any, and/or the nature and amount of services.</i>		
3.	Does the student have communication needs? <i>If yes, address in the IEP.</i>		
4.	Does the student's behavior impede his or her learning or that of others? <i>If yes, consider the use of positive behavioral interventions and supports and other strategies to address that behavior.</i>		
5.	Does the student have blindness or low vision? <i>If yes, document provision of instruction in braille and the use of braille, OR after an evaluation of the student's reading and writing skills, needs and appropriate reading and writing media, including an evaluation of the student's future needs for instruction in braille or the use of braille, document in the Present Levels a justification that instruction in braille or the use of braille is not appropriate for the student.</i>		
6.	Is the student deaf or hard of hearing? <i>If yes, consider the language and communication needs of the student, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, the student's academic level and full range of needs, including opportunities for direct instruction in the student's language and communication mode.</i>		
7.	Does the student have limited English proficiency? <i>If yes, consider the language needs of the student.</i>		
8.	Will the student's next IEP address transition services? <i>If yes, permission must be obtained to invite other agency representatives to the next IEP meeting. (see Activities/Linkages section under Transition Planning)</i> Specify Agency (ies): _____ Parent/Adult Student Consent: Date: _____ Parent Initial _____ Student Initial _____		



INDIVIDUALIZED EDUCATION PROGRAM

Page ___ of ___
Date _____

Student's Full Name _____

PART VI: TRANSITION PLANNING (for students beginning no later than the first IEP to be in effect when the student is 16, or younger if appropriate) (Refer to Policy 2510 and IEP instructions)

1 → **Transfer of Rights (for students reaching age 17 within the next 12 months)**
The student and parent have been informed of the transfer of educational rights that will occur on reaching age 18.
 Yes No Date _____ Student Initials _____ Parent Initials _____

2 → **Transition Planning Considerations:**
How were the student's preferences and interests considered? (Check all that apply):
 Student interview/survey Interest inventory (specify) _____
 Parent interview/survey Other (specify) _____
 Functional vocational evaluation _____

3 → **Transition Assessments Reviewed** (specify):

4 → **The student's educational program will lead to a:** standard diploma modified diploma

5 → **Post-Secondary Goals**
Anticipated post-secondary education goals: _____
Anticipated post-secondary employment goals: _____
Anticipated post-secondary adult living goals: _____

Career Pathway/Cluster/Concentration the student selected on the Individualized Student Transition Plan (ISTP) is:

- | | | |
|---|--|--|
| Pathway (8th grade) | Cluster (8th grade) | Concentration (10th grade) |
| <input type="checkbox"/> Entry (for 9 th graders 04-05 through 07-08 only) | <input type="checkbox"/> Arts and Humanities | _____ |
| <input type="checkbox"/> Skilled | <input type="checkbox"/> Business/Marketing | _____ |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Engineering/Technical | |
| | <input type="checkbox"/> Health Sciences | |
| | <input type="checkbox"/> Human Services | |
| | <input type="checkbox"/> Science/Natural Resources | |

6 → **Transition Services:** Indicate areas to be addressed in annual goals.
 Instruction Employment and other adult living objectives
 Related Services Daily living skills (if appropriate)
 Community experiences Functional vocational evaluation (if appropriate)

7 → **Activities/Linkages:** Identify activities needed for attaining post-secondary outcomes and the lead party/agency responsible for those services.

Activities/Linkages	Lead Party/Agency			Description of Service
	Parent / Student	School	Agency (Specify)	
Instruction/education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vocational aptitude/interest assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Career awareness/work-based learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Independent living/mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Agency referral/application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

* If the identified agency fails to deliver transition activities outlined in the IEP, the IEP Team must reconvene to identify alternative strategies to meet the transition needs of the student.


















INDIVIDUALIZED EDUCATION PROGRAM

Page __ of __

Date ____

Student's Full Name _____

PART IX: SERVICES

A. Supplementary Aids, Services/Program Modifications	Location of Services		Extent/Frequency _____ per _____	Initiation Date m/d/y	Duration m/y
					
B. Special Education Services	Direct / Indirect (D or I)	Location of Services * General Education Environment = GEE * Special Education Environment = SEE * Other = _____	Extent/Frequency _____ per _____	Initiation Date m/d/y	Duration m/y
					
C. Related Services	Direct / Indirect (D or I)	Location of Services * General Education Environment = GEE * Special Education Environment = SEE * Other = _____	Extent/Frequency _____ per _____	Initiation Date m/d/y	Duration m/y
					

INDIVIDUALIZED EDUCATION PROGRAM

Student's Full Name _____

Page of
Date _____

PART XI: PLACEMENT

1 Explain the extent, if any, to which the student WILL NOT participate in the general education classroom (or Regular Early Childhood Program) and/or extracurricular and other non-academic activities. Present levels of academic achievement and functional performance must explain why full participation is not possible.

Ages 6 – 21

2 **Percentage of time in**

General Education Environment Special Education Environment

WVEIS LRE Code

3

<input type="checkbox"/> General Education: Full-Time (FT) 80% or more	0
<input type="checkbox"/> General Education: Part-Time (PT) 40% to 79%	1
<input type="checkbox"/> Special Education: Separate Class (SC) (general education less than 40%)	2
<input type="checkbox"/> Special Education: Special School (SS) Public or Private	3
<input type="checkbox"/> Special Education: Out-of-School Environment (OSE)	5
<input type="checkbox"/> Special Education: Residential Facility (RF) Public or Private	6
<input type="checkbox"/> Parentally placed in private school (Service Plan only)	8
<input type="checkbox"/> Correctional facility	9

Ages 3 – 5

A. For students in a Regular Early Childhood Program (RECP) (at least 50% nondisabled)

A1 → _____ = Hours per week of the RECP.

A2 → _____ = Hours per week of special education and related services delivered in the RECP.

A3 → _____ = Hours per week student receives special education and related services in some other location.

4

In a Regular Early Childhood Program at least 10 hours per week		WVEIS LRE Code
<input type="checkbox"/>	Majority of hours of special education and related services in the RECP	W
<input type="checkbox"/>	Majority of hours of special education and related services in some other location	X
In Regular Early Childhood Program less than 10 hours per week		
<input type="checkbox"/>	Majority of hours of special education and related services in the RECP	Y
<input type="checkbox"/>	Majority of hours of special education and related services in some other location	Z

OR

5 **B. For students not in a Regular Early Childhood Program**

<input type="checkbox"/>	Separate special education class	WVEIS LRE Code
<input type="checkbox"/>	Separate school	M
<input type="checkbox"/>	Residential facility	N
<input type="checkbox"/>	Home	P
<input type="checkbox"/>	Service provider location	R
		S

6 **Least Restrictive Environment (LRE) Considerations:** The IEP team has considered:

- Annual placement determination based on the IEP.
- Only schools and classroom settings appropriate to the student's chronological age.
- Education in a general classroom with the use of supplementary aids and services.
- Potentially harmful effects of the selected LRE placement on the student and the quality of the student's services.
- Education with age-appropriate non-exceptional peers.
- Placement as close to home as possible, in the school the student would normally attend if not exceptional, unless the IEP requires other arrangements.

INDIVIDUALIZED EDUCATION PROGRAM

Page ___ of ___

Student's Full Name _____

Date _____

Part XII: Prior Written Notice

- 1** As a result of:
___ an Individualized Education Program (IEP) Team meeting conducted on _____,
___ other _____,
- 2** the district is providing you with written notice of the district's ___ proposal / ___ refusal of the following action(s) with regard to:
___ the educational evaluation or reevaluation of the student.
___ the educational services and/or placement of the student.
___ the provision of a free appropriate public education (FAPE) to the student.
___ other _____.
- 3** Specifically, the district is ___ proposing / ___ refusing to ___ initiate / ___ change _____
- 4** The following is an explanation as to why the district is ___ proposing / ___ refusing this action: _____
- 5** The evaluation procedure(s), assessment(s), record(s) or report(s) the district used as a basis for the ___ proposed / ___ refused action are: _____
- 6** Other options considered include: _____
- 7** The reasons the above options were rejected are: _____
- 8** Other factors relevant to the district's ___ proposal / ___ refusal are: _____
- 9** Exceptional students and their parents have protections under the procedural safeguards. A copy of the Procedural Safeguards Brochure and assistance in understanding the provisions of the procedural safeguards may be obtained by contacting the Director of Special Education at _____, as appropriate, the local Parent Educator Resource Center at _____ and/or the West Virginia Department of Education, Office of Special Programs at 558-2696 or 1-800-642-8541.

10

Sincerely,

Signature/Position

Date

INDIVIDUALIZED EDUCATION PROGRAM

Page __ of __

Student's Full Name _____

Date _____

PART XIII: CONSENT



Complete only for initial placement.

I give my consent to my child's initial special education placement:

Parent Signature _____ **Date** _____

Parent Signature _____ **Date** _____
