**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:

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

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| **IEP COMMITTEE PARTICIPANTS** *(Signatures are not required.)* |
| **IEP Action: 🞏 Review 🞏 Revise 🞏 Amend 🞏 ESY** | **Date: / / 20**  |
| **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**  |
| *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.* ***Attach all written documentation to the IEP.***   |
| **The IEP meeting was conducted via alternate means of technology:** | **🞏 N/A** |
| 🞏 Video Conferencing 🞏 Conference Call 🞏 Other (specify):  |
| **This IEP meeting was recorded:** 🞏 Yes 🞏 No |
| **PROCEDURAL SAFEGUARDS NOTICE** |
| * **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.**
* **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:**  |

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| **SUMMARY OF REVISION**  |
| *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).*🞏 Check to verify that all changes were made in the IEP |

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| **PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE****Ages 3-20** |
| **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.* |

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| **PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE****Ages 3-5** |
| **Present Levels of Social Emotional Skills and Relationships Performance Summary:** 🞏 Social 🞏 Emotional 🞏 Behavioral 🞏 Other:  |
| **Present Levels of Knowledge and Skills Performance Summary:** 🞏 Communication 🞏 Pre-Academic 🞏 Cognitive 🞏 Other:  |
| **Present Levels of Appropriate Behavior to Meet Needs Performance Summary:** 🞏 Gross/Fine Motor Skills 🞏 Adaptive/Daily Living Skills 🞏 Other:  |
| *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*. |
| **Does this area impact the child’s social emotional skills and relationships performance?** 🞏 Yes 🞏 No |
| **Does this area impact the child’s knowledge and skills performance?** 🞏 Yes 🞏 No |
| **Does this area impact the child’s appropriate behavior to meet needs performance?** 🞏 Yes 🞏 No |

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| **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 = ObservationCRT = Criterion-Referenced TestCBM = Curriculum-Based MeasureWS = Work SamplesD/P = Demonstration/PerformanceOther:  | A. The child is making **sufficient** progress to meet the annual goal.B. The child is making **insufficient** progress to meet the annual goal. **(An IEP meeting must be held to discuss revisions.)**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***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.).* | **PAG** |
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| **Notification of Progress Provided to Parents/Guardians** |
| **Type** | 🞏 Progress Notes | * Report Cards
 | * Goals Sheets
 | * Other:
 |
| **Frequency**  | 🞏 Every 4 ½ weeks | * Every 6 weeks
 | * Every 9 Weeks
 | * Other:
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| **PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE** **Ages 6-20** |
| **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 |

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| **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 = ObservationCRT = Criterion-Referenced TestCBM = Curriculum-Based MeasureWS = Work SamplesD/P = Demonstration/PerformanceOther:  | A. The child is making **sufficient** progress to meet the annual goal.B. The child is making **insufficient** progress to meet the annual goal. **(An IEP meeting must be held to discuss revisions.)**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***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.).* | **PAG** |
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| **Notification of Progress Provided to Parents/Guardians** |
| **Type** | 🞏 Progress Notes | * Report Cards
 | * Goals Sheets
 | * Other:
 |
| **Frequency**  | 🞏 Every 4 ½ weeks | * Every 6 weeks
 | * Every 9 Weeks
 | * Other:
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**\*TA = Transition Activity**

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| **SPECIAL CONSIDERATIONS\***  |
| **Communication *(Required)*** |
| Does the child have special communication needs? 🞏 Yes 🞏 No***If yes, describe the specific needs and document the basis for the decision:*** |
| **Assistive Technology *(Required)*** |
| Does the child need assistive technology services or devices to maintain or improve functional capabilities? 🞏 Yes 🞏 NoDoes the child need assistive technology assessment? 🞏 Yes 🞏 No***If yes, describe the specific needs and document the basis for the decision:*** |
| **Service for Children who are Blind or Visually Impaired** | **🞏 N/A** |
| *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.* Instruction in Braille considered? 🞏 Yes 🞏 No Evaluation Date: Is instruction in Braille appropriate? 🞏 Yes 🞏 No***Document the basis for the decision:***Were the parents provided information about the Mississippi School for the Blind? 🞏 Yes 🞏 No |
| **Service for Children who are Deaf or Hearing Impaired** **🞏 N/A** | **🞏 N/A** |
| *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.*Child’s language and communication mode: Is direct instruction in the child’s language and communication mode needed? 🞏 Yes 🞏 No***Document the basis for the decision:***Were the parents provided information regarding the Mississippi School for the Deaf? 🞏 Yes 🞏 No |
| **Behavior Intervention** | **🞏 N/A** |
| *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.*Does the child have/need a functional behavioral assessment (FBA)? 🞏 Yes 🞏 No Assessment Date: Does the child have/need a behavior intervention plan (BIP)?\*\* 🞏 Yes 🞏 No Implementation Date: Has the behavior intervention plan (BIP) been reviewed/revised? 🞏 Yes 🞏 No Review Date:  Revision Date: ***Document the basis for the decision:******\*\*If a child has a BIP, s/he must have a corresponding annual goal(s) to address behavioral concerns.***  |
| **Services for Children with Limited English Proficiency** | **🞏 N/A** |
| *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.****Describe the specific needs and document the basis for the decision:***  |

***\* Indicate Special Considerations in the Summary of Performance.***

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| **SPECIAL EDUCATION AND RELATED SERVICES**  |
| **Special Education** |
| **Service** | **Area** | **Location** | **Start Date** | **Duration/Frequency** | **End Date** |
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| ***Document basis for the decision:*** |
| **Instructional/Functional Accommodations** |
| **Service** | **Area** | **Location** | **Start Date** | **Duration/Frequency** | **End Date** |
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| ***Document basis for the decision:*** |
| **Program Modifications** |
| **Service** | **Area** | **Location** | **Start Date** | **Duration/Frequency** | **End Date** |
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| ***Document basis for the decision:*** |
| **Related Services** |
| **Service** | **Area** | **Location** | **Start Date** | **Duration/Frequency** | **End Date** |
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| ***Document basis for the decision:*** |
| **Supports for Personnel** |
| **Service** | **Area** | **Location** | **Start Date** | **Duration/Frequency** | **End Date** |
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| ***Document basis for the decision:*** |
| **Area** |
| 1. Reading
2. Spelling
3. English
4. Math
5. Social Studies
 | 1. Science
2. Health
3. Lunch
4. PE
5. Guidance/Counseling
 | 1. Music
2. Art
3. Computer Science
4. Clubs
5. Recreation Activities
 | 1. Title I
2. Tech Prep
3. Vocational
4. Library
5. All Subjects
 | 1. Other:
2. Other:
3. Other:
4. Other:
5. Other:
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| **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 1st 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:**  |

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| **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 (MKAS2)****,* ***Mississippi Curriculum Test, 3rd Edition (MCT3)****,* ***Mississippi Science Test 2 (MST2)****,* ***Subject Area Testing Program, 2nd and 3rd Editions (SATP2/SATP3)****,* ***Mississippi Writing Assessment Program, 3rd Edition (MWAP3)****,* ***Mississippi Career Planning and Assessment System, 2nd 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** |
| MKAS2: Kindergarten Readiness Assessment |  |  |  |  |  |  |  |  |  |  |  |
| MKAS2: 3rd Grade Summative Assessment |  |  |  |  |  |  |  |  |  |  |  |
| MCT3 English Language Arts/Literacy |  |  |  |  |  |  |  |  |  |  |  |
| MCT3 Mathematics |  |  |  |  |  |  |  |  |  |  |  |
| MST2 |  |  |  |  |  |  |  |  |  |  |  |
| SATP2/3 Algebra I[*Admin. date / /* *Passed* 🞎] |  |  |  |  |  |  |  |  |  |  |  |
| SATP2 Biology I[*Admin. date / /* *Passed* 🞎] |  |  |  |  |  |  |  |  |  |  |  |
| SATP2/3 English II[*Admin. date / /* *Passed* 🞎] |  |  |  |  |  |  |  |  |  |  |  |
| SATP2 US History[*Admin. date / /* *Passed* 🞎] |  |  |  |  |  |  |  |  |  |  |  |
| MWAP3[*Admin. date / /* *Passed* 🞎] |  |  |  |  |  |  |  |  |  |  |  |
| MS-CPAS2[*Admin. date / /* *Passed* 🞎] |  |  |  |  |  |  |  |  |  |  |  |
| ACT |  |  |  |  |  |  |  |  |  |  |  |
| ACCESS for ELL |  |  |  |  |  |  |  |  |  |  |  |
| Other:  |  |  |  |  |  |  |  |  |  |  |  |
| ***Subject Area Testing Program, 2nd Edition Alternative Assessment (SATP2AA) / 3rd 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:**  |
| **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)** |
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| ***Document the basis for the decision:*** |
| **Response Accommodations** | **Code** | **Test(s)** |
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| ***Document the basis for the decision:*** |
| **Timing and Scheduling Accommodations** | **Code** | **Test(s)** |
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| ***Document the basis for the decision:*** |
| **Setting Accommodations** | **Code** | **Test(s)** |
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| ***Document the basis for the decision:*** |
| **Test** |
| 1. MKAS2
2. MCT3 ELA/Literacy
3. MCT3 Math
4. MST2 (Science)
5. Alternate/ACCESS for ELL
 | 1. SATP2/3 or SATP2AA/3AA Algebra I
2. SATP2/SATP2AA Biology I
3. SATP2/3 or SATP2AA/3AA English II
4. SATP2/SATP2AA US History
5. MWAP3
 | 1. ACT
2. MS-CPAS2
3. Other:
4. Other:
5. Other:
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| **INDIVIDUAL TRANSITION PLAN** |
| ***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.*** |
| **Postsecondary Goals** |
| *Specify appropriate measurable postsecondary goals as identified by the child, parent(s) and IEP Committee. Postsecondary goals are based upon* ***age-appropriate transition assessments*** *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* ***instruction****,* ***related services****,* ***community experiences****,* ***development of employment and other post-school adult living objectives****, and* ***acquisition of daily living skills*** *to be provided before graduation to support the child in achieving his/her postsecondary goals.* |
| **Instruction** *(e.g. accommodations, tutoring, skills training, prep for college exam)* |
| *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.* |
| **Related Services** *(e.g., parent(s), technology, transportation, medical services, supported services)* |
| *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.* |
| **Community Experiences** *(e.g., job shadowing, supported employment, banking, shopping, touring postsecondary institutions)* |
| *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.* |

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| **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):* |
| * Agriculture, Food and Natural Resources
* Architecture and Construction
* Arts, Media, and Communications
* Business Management and Administration
 | * Education and Training
* Finance
* Government and Public Administration
* Health Science
* Hospitality and Tourism
* Human Services
* Information Technology
 | * Law, Public Safety, and Security
* Manufacturing
* Marketing
* Science, Technology, Engineering and Mathematics
* Transportation, Distribution, and Logistics
 |
| *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)** |
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| **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.*** |
| * **Education/Training**:
 | * **Employment**:
 | * **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:**  |

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| **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*) |
| * **PC**/Home
* **PE**/Residential Facility
* **PF**/Separate School
* **PG**/Separate Class
* **PH**/Service Provider Location
 | * **PI**/Regular program ten (10) or more hours per week and served in the regular program
* **PJ**/Regular program ten (10) or more hours per week and served in another location
* **PK**/Regular program less than ten (10) hours per week and served in the regular program
* **PL**/Regular program less than ten (10) hours per week and served in another location
 |
| **School Age LRE Classification** (*Check one below for children ages 6-21*) |
| * **SA**/Inside general education class 80% or more of the day
* **SB**/Inside general education class 40 to 79% of the day
* **SC**/Inside general education class less than 40% of the day
* **SD**/Separate School
 | * **SF**/Residential Facility
* **SH**/Home-Hospital
* **SI**/Correctional Facilities
* **SJ**/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:**  |

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| **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)***These must be existing measurable annual goals or STIO/Bs except for situations as described in the note above.*  | **TA** | **MOM** | **Report of Progress** |
| **CLP** | **PAG** |
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| **TA** = Transition Activity | **Methods of Measurement (MOM)** | **Report of Progress** |
| **OBS** = Observation **CRT** = Criterion Reference Test**CBM** = Curriculum Based Measure | **WS** = Work Samples**D/P** = Demonstration/Performance**Other**:  | **CLP** = Current Level of Performance **PAG** = Progress on Annual Goal*See Annual Goal page for codes* |
| 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** *(See Special Education and Related Service page for code)* | **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.*  |