

Individualized Education Program (IEP)

School District: Windsor Central Supervisory Union **Annual Meeting Date:** Date of meeting
IEP Case Manager: _____ **Effective date of Revision:** _____
Next 3-year Re-evaluation Date: _____ **Next Annual Review Date:** Add one year, sub one day

Student/Child's Name: _____ Date of Birth: _____
 Disability Category: _____ Child Count ID #: _____
 School or Program: _____ Grade Assigned: _____
 Parent/Guardian: _____ Telephone #: _____
 Address: _____

Initiation and Duration of IEP: _____ 10 days from meeting date to _____
 _____ to 364 days later
Initiation and Duration of Extended Year: _____ to _____

IEP Team Members	Printed Name/Position/Agency (check box if in attendance)
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Others with knowledge of the child*	Position/Agency
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***Including individuals for Part C Early Intervention or Post-Secondary Transition Planning**

Form 5: Individualized Education Program (August 1, 2013)

**Individualized Education Program
Present Levels of Educational and Functional Performance**

Student Name: _____ **IEP Meeting Date:** _____

This section should provide a concise overview of student's current skills and serve as the basis of the student's program for the upcoming year. Describe the student's **present levels of educational performance including the student's functional performance, abilities, acquired skills and strengths relative to standards and/or grade level expectations**. Briefly highlight how the disability affects the student's involvement and progress in the general curriculum or, for preschool children, participation in age appropriate activities. As appropriate, address the following areas.

DISABILITY/IMPACT ON STUDENT LEARNING: *(Identify the disability and areas of impact, e.g academic, social-emotional, behavioral)*

- I. One sentence stating the students disability category(ies)
- II. Student abilities - provide student WISC or other cognitive ability scores - indexes only
- II. Achievement scores - provide cluster scores for W-J and/or other achievement tests
- III. Describe how the student's disability affects their involvement and progress in the G. E. curriculum.
Provide statements that directly demonstrate the correlation between disability and content.
Describe what scaffolding will be necessary for the student to participate and progress in the curricular areas.

MEDICAL: *(Health, vision, hearing, or other medical issues)*

STUDENT STRENGTHS: *(Academic, social-emotional, personal interests, perceptual-motor, communication, environment)*

- Describe student's strengths – use strengths to support the student's access to the curriculum – (e.g. - has strong listening comprehension – pair written with verbal cues).
- Describe the student's interests and preferences to promote engagement and motivation.

STUDENT NEEDS: *(Academic, social-emotional, perceptual-motor, communication, environment)*

- Describe areas that will require specially designed instruction and/or related services.
- Describe the areas of focus for the upcoming year rather than describing services/location (direct instruction in place value; explicit instruction in summarizing and inferring).

OTHER CONSIDERATIONS: *(Areas to consider that could enhance the child's education: safety/health; future, opportunity for additional student or family input, mobility, transportation, disability awareness, self-advocacy needs)*

IEP for _____

IEP Meeting Date: _____

Present Level of Educational/Functional Performance for the Area of: _____

Standardized Test Results:

- Test results that are specific to the goal area

Current Classroom Level of Educational Performance:

- Describe the skills/behaviors the student demonstrates.
- Baseline

Current Classroom Level of Functional Performance:

- Describe the student's performance compared to expectations in the general education curriculum (gap). This is where alignment happens!
- Describe the skills the student needs to learn this year in order to narrow/close the gap (needs and goal priorities).

Grade Expectation for Educational/Functional Performance:

- Common Core State Standard that the student is currently working towards
- Chose standard that is at the student's instructional level and not current grade level

Measurable Annual Goals, Short-term Objectives, Benchmarks, Evaluation Procedures and Personnel Responsible

Progress Review Dates

"What specific skill do I want to see this student do differently by the end of the IEP cycle?"
 Define the target skill or behavior that will be changed as a result of special education/related service:
 1. Can this skill or behavior be changed?
 2. Is it observable?
 Measuring Progress:
 What tool? By Whom? How often? Where?

Progress Review Dates Code: **A** – Achieved the goal/objective as written; **S** – Sufficient progress on objective is being made; likely to achieve this goal; **E** – Emerging progress on the objective, continuing to work towards the goal; **N** – Objective/goal not yet introduced

Form 5: Individualized Education Program (August 1, 2013)

**Individualized Education Program
Post Secondary Transition Plan, Page One**

Student Name: _____ **IEP Meeting Date:** _____

Current Grade Level: _____ **Expected Date of Graduation:** _____

Evidence of involving student & related agencies:

Age Appropriate Transition Assessments performed (*State the assessment and date, then identify the student's preferences, interests, strengths and needs then link that information to post secondary goals.*) See NSTTAC case studies for specific examples.

Definitions-

Measurable Post Secondary Goals - *A post secondary goal is a statement of the desired outcome for the student after leaving high school.*

Measurable Annual Transition Goals - *Goals that address the skills that the student will be focusing on during the life of the annual IEP in order for the student to reach his/her post secondary goals.*

Education and Training (Required)

Post Secondary Goal for Education and Training 1(Required):

Post Secondary Goal for Education and Training 2:

Annual Transition Goal for Education and Training 1(Required):

Progress Review Dates

Annual Transition Goal for Education and Training 2:

Progress Review Dates

List Transition Services related to Education and Training:

**Individualized Education Program
Post Secondary Transition Plan, Page Two**

Employment (Required)

Post Secondary Goal for Employment 1 (Required):

Post Secondary Goal for Employment 2:

Annual Transition Goal for Employment 1 (Required):

Progress Review Dates

Annual Transition Goal for Employment 2:

Progress Review Dates

List Transition Services related to Employment:

Independent Living (as appropriate)

Post Secondary Goal for Independent Living:

Annual Transition Goal for Independent Living:

Progress Review Dates

List Transition Services related to Independent Living:

Course(s) of Study: *A description of coursework to achieve the student's desired post-school goals, from the student's current to anticipated exit year. Requirement: List the course(s) of study needed to assist the student in reaching his/her post secondary goals or attach a list of courses. Course of study may also be listed in a narrative format.*

Describe the Coordinated Interagency Linkages and Responsibilities (services provided or paid for from another agency and a timeline for completion):

If the student will be reaching age 17 during the duration of this IEP, he/she and their parents must have been notified, in writing, that parental rights will transfer to the student upon reaching the age of 18. YES NO
If not completed in writing, please specify how they were notified:

**Individualized Education Program
Multi-Year Plan (Alternative Credit Accrual Plan)**

Student Name: _____ **IEP Meeting Date:** _____

Document the alternative credit courses/programming necessary for the student to complete their graduation requirements.

School Year	Grade Level	Graduation Requirements the student can not master	Details as to why the student can not master the requirements	Alternative Course Or Activity/Credits Given
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When credits are being offered through a Multi-year Plan, this page must be signed by the superintendent or his designee.

 Superintendent or Designee Signature _____
Date

**Individualized Education Program
Special Education Services, Related Services, Consent to Bill Medicaid**

Student Name: _____ **IEP Meeting Date:** _____

Special Education Services	Init Date	End Date	Freq	Time	Location	Provider	Group Size
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Related Services	Init Date	End Date	Freq	Time	Location	Provider	Group Size
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Transition Services	Init Date	End Date	Freq	Time	Location	Provider	Group Size
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Extended School Year Services	Init Date	End Date	Freq	Time	Location	Provider	Group Size
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Parental Consent to Bill Medicaid For parents/legal guardians who have signed a Release of Information form, the school district is authorized to bill Medicaid for the services listed in the Individual Education Plan (IEP) and to release necessary special education records to a physician/nurse practitioner in order for him/her to reach determination that the services are medically necessary and to individuals within the Agency of Education and the Agency of Human Services charged with processing Medicaid bills for IEP services that are also considered medical services under Vermont Medicaid rules. This consent will remain in effect until I revoke my consent or until the student reaches the age of 18 (after which the student must consent) or the student graduates. Refusal to consent does not affect the school district's responsibility to provide these services to my child at no cost to me. I understand that I may revoke this consent at any time; if I revoke this consent, it will apply to billing for services from that date forward.

Form 5: Individualized Education Program (August 1, 2013)

Individualized Education Program

Educational Environment/Placement, Accommodations/Modifications for Assessments

Student Name: _____ **IEP Meeting Date:** _____

If the student cannot participate full-time with non-disabled children in the general education class, extracurricular or other non-academic activities explain why full participation is not possible:

Description of the student/child's educational environment/placement:

The general characteristics of the student/child's educational environment/placement (check one, ages 6-21):

The general characteristics of the child's educational environment/placement (ages 3-5):

- Child is attending a regular early childhood program 10 or more hours per week.
 - and receives at least 50% of their special education services in the regular early childhood program
 - and receives at least 50% of their special education services in some other location
- Child is attending a regular early childhood program less than 10 hours per week
 - and receives at least 50% of their special education services in the regular early childhood program
 - and receives at least 50% of their special education services in some other location
- Child is not attending a regular early childhood program and receives special education services in:
 - a separate special class
 - a separate school
 - a residential facility
 - their home
 - the service provider's location or another location

Accommodations, Modifications and Supplementary Aids

State-level assessment (please check appropriate box or boxes):

- The team has determined that the student will be taking the on-level State assessment with the appropriate accommodations identified below.
- The team has determined that the student has multiple complex disabilities and should be considered for a portfolio assessment on Alternate Grade Expectations. The Documentation of Eligibility for Alternate Assessment is attached.

Identify the accommodations, modifications and supplementary aids and services needed to participate in national, district-wide, and school assessments:

**Program Modifications/Supports for the Student and School Personnel
and Other Options Considered by the IEP Team**

Student Name: _____ **IEP Meeting Date:** _____

Identify other accommodations, modifications, or supplementary aids (such as extended time, assistive technology, peer tutors) and services needed for the student:

The IEP Team has determined that the student is eligible for the supports of Accessible Instructional Materials which have met the National Instructional Materials Accessibility Standards for print disabilities.

Identify the program modifications or supports that will be provided for school personnel and parents to implement the IEP:

Other Options Considered (include reasons why they were not included):

Individualized Education Program (IEP)

School District: Windsor Central Supervisory Union **Annual Meeting Date:** _____
IEP Case Manager: _____ **Effective date of Revision:** _____
Next 3-year Re-evaluation Date: _____ **Next Annual Review Date:** _____

Student/Child's Name: _____ Date of Birth: _____
 Disability Category: _____ Child Count ID #: _____
 School or Program: _____ Grade Assigned: _____
 Parent/Guardian: _____ Telephone #: _____
 Address: _____

Initiation and Duration of the IEP:

_____ to _____
 _____ to _____

Initiation and Duration of Extended Year Services:

_____ to _____

IEP Team Members

Printed Name/Position/Agency (check box if in attendance)

Others with knowledge of the child*

Position/Agency/Community-based Childcare Setting

**With parental consent, include individuals from CIS/Early Intervention if child is transitioning from EI services to EEE at age 3*

Transition from Part C to Part B Data Collection

Only complete this section for children who have received Part C CIS/EI services and are eligible for Part B EEE services at age 3

Action	Date written notification from Part C (CIS/EI) was received in district	Transition Meeting Held >90 days prior to 3rd B-day	Late Referral Notification <90 days prior to 3rd B-day	Date IEP was developed	Parental consent was received (Form 6)
Date Completed					

August 1, 2013

**Individualized Education Program
Present Levels of Educational and Functional Performance**

Student Name: _____ **IEP Meeting Date:** _____

This section should provide a concise overview of the child's current skills and serve as the basis of the child's program planning and service delivery for the upcoming year. Describe the child's present levels of development across each global outcome area including functional performance, abilities, acquired skills and strengths relative to the Vermont Early Learning Standards and/or developmentally appropriate expectations. As appropriate, address the following areas:

Briefly describe the child, his/her interests, and how the child's developmental delay or medical condition affects his/her access to and participation in age appropriate activities.

MEDICAL History: *(physical, hearing, vision, CDC report, etc.) Briefly describe how the child's disability or medical condition affects his/her access to and participation in age appropriate activities.*

Child **STRENGTHS:** *Consider child's strengths across the three early childhood outcome (ECO) areas:*

- A. Social emotional skills and relationship:**
- B. Acquisition and use of knowledge and skills:**
- C. Taking action to meet needs:**

Child **CONCERNS:** *Consider child's concerns across the three early childhood outcome (ECO) areas:*

- A. Social emotional skills and relationship:**
*If behavior is a concern, has a functional behavior assessment been considered and/or conducted?**
- B. Acquisition and use of knowledge and skills:**
- C. Taking action to meet needs:**

Child **NEEDS:** *(consider and prioritize the necessary supports in order for the child to access and participate in age appropriate activities within a regular early childhood setting with his/her same-age peers and/or within their home environment.)*

- A. Social emotional skills and relationship:**
*If behavior is a concern, is an FBA intervention plan needed?**
- B. Acquisition and use of knowledge and skills:**
- C. Taking action to meet needs:**

OTHER CONSIDERATIONS: *(safety/health; school district partnerships with community-based early childhood programs (Act 62); functional behavior assessment (FBA)*; private early childhood programs; home-visiting; community-based child and family resources (Children's Integrated Services); transportation; disability awareness; advocacy needs, etc)*

Early Childhood Outcomes: *Considering the child strengths, concerns and needs complete an ECO culminating statement for each of the three Early Childhood Outcome areas. ECO reporting is required upon entry and exit of EEE services.*

ECO A. Social-emotional skills and relationships: _____ **ECO B. Acquisition & use of knowledge and skills:** _____ **ECO C. Take action to meet needs:** _____

*Foundations for Early Learning (FEL) Functional Behavior Assessment Forms can be located on-line at www.vt.gov.

IEP for _____ IEP Meeting Date: _____

NO GOALS HAVE BEEN LINKED TO THIS IEP

Global Outcome Area: _____
 Please check one or more of the domain areas that you are addressing within this outcome area:

Current developmental skill level:

Current functional ability: *(Consider how the child uses discrete skills (as stated above) 'in order to' or 'so that' it is meaningful, intentional and functional within the context of everyday activities, routines and transitions. Focus on the child's engagement, approaches to learning and independence in developmentally appropriate activities across a variety of settings.)*

<p>Vermont Early Learning Standards: Goal:</p>	<p>Progress Review <i>Progress is reported as often as the school district conducts parent/teacher conferences (on at least two occasions) or as determined necessary by the IEP team.</i></p>																									
<p>Short-term Objectives, Benchmarks, Evaluation Procedures and Personnel Responsible</p>	<p>For review of this outcome/goal and progress monitoring data, we, the team, have evidence that demonstrates the:</p>																									
	<table border="1"> <thead> <tr> <th>Review 1 Date:</th> <th>Review 2 Date:</th> <th>Review 3 Date:</th> <th>Review 4 Date:</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td>Child's skills in this area are not evidenced.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Child's skills are emerging but inconsistently demonstrated.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Child's skills are progressing and being maintained across <u>some</u> settings/adults/peers/materials</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>The child has mastered this outcome/goal across multiple settings/adults/peers/materials</td> </tr> </tbody> </table> <p>Comments:</p>	Review 1 Date:	Review 2 Date:	Review 3 Date:	Review 4 Date:						Child's skills in this area are not evidenced.					Child's skills are emerging but inconsistently demonstrated.					Child's skills are progressing and being maintained across <u>some</u> settings/adults/peers/materials					The child has mastered this outcome/goal across multiple settings/adults/peers/materials
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August 1, 2013

**Individualized Education Program
Special Education Services, Related Services, Consent to Bill Medicaid**

Student Name: _____ **IEP Meeting Date:** _____

Special Education Services <i>(Specify ECO area & specific developmental domain(s) being addressed)</i>	Init Date	End Date	Freq	Time	Location	Provider	Group Size
<i>Service: (List service e.g., Case Management, specialized instruction, speech/language therapy, 1:1 support, etc)</i>							

Related Services	Init Date	End Date	Freq	Time	Location	Provider	Group Size

Extended School Year Services	Init Date	End Date	Freq	Time	Location	Provider	Group Size

Parental Consent to Bill Medicaid For parents/legal guardians who have signed a Release of Information form, the school district is authorized to bill Medicaid for the services listed in the Individual Education Plan (IEP) and to release necessary special education records to a physician/nurse practitioner in order for him/her to reach determination that the services are medically necessary and to individuals within the Agency of Education and the Agency of Human Services charged with processing Medicaid bills for IEP services that are also considered medical services under Vermont Medicaid rules. This consent will remain in effect until I revoke my consent or until the student reaches the age of 18 (after which the student must consent) or the student graduates. Refusal to consent does not affect the school district's responsibility to provide these services to my child at no cost to me. I understand that I may revoke this consent at any time; if I revoke this consent, it will apply to billing for services from that date forward.

August 1, 2013

**Individualized Education Program
Early Childhood Educational Environment/Placement**

Child's Name: _____ **IEP Meeting Date:** _____

Describe the child's early childhood educational environment/placement:

An explanation of the extent, if any, to which the preschooler will not participate with same age peers in a regular early childhood setting:

The general characteristics of the child's educational environment/placement (ages 3-5):

- Child is attending a regular early childhood program 10 or more hours per week.
 - and receives at least 50% of their special education services in the regular early childhood program
 - and receives at least 50% of their special education services in some other location
- Child is attending a regular early childhood program less than 10 hours per week
 - and receives at least 50% of their special education services in the regular early childhood program
 - and receives at least 50% of their special education services in some other location
- Child is not attending a regular early childhood program and receives special education services in:
 - a separate special class
 - a separate school
 - a residential facility
 - their home
 - the service provider's location or another location

Accommodations, Modifications, Assistive Technology and/or Supplementary Aids

Identify environmental accommodations, curriculum modifications, supplementary aids, assistive technology etc. that will support the child's access to and participation in a regular early childhood setting and/or in age appropriate activities.

**Program Modifications/Supports for the Child, Preschool Personnel and
Parents as well as Other Options Considered by the IEP Team**

Identify the program modifications, supports and training that will be provided for preschool personnel and family to implement the IEP:

Early Childhood Outcomes and PreK (Act 62) Assessment Data Collection and Reporting

Child's Name: _____ IEP Meeting Date: _____

PreK (Act 62) Assessment and Early Childhood Outcomes Reporting

(please check appropriate box or boxes)

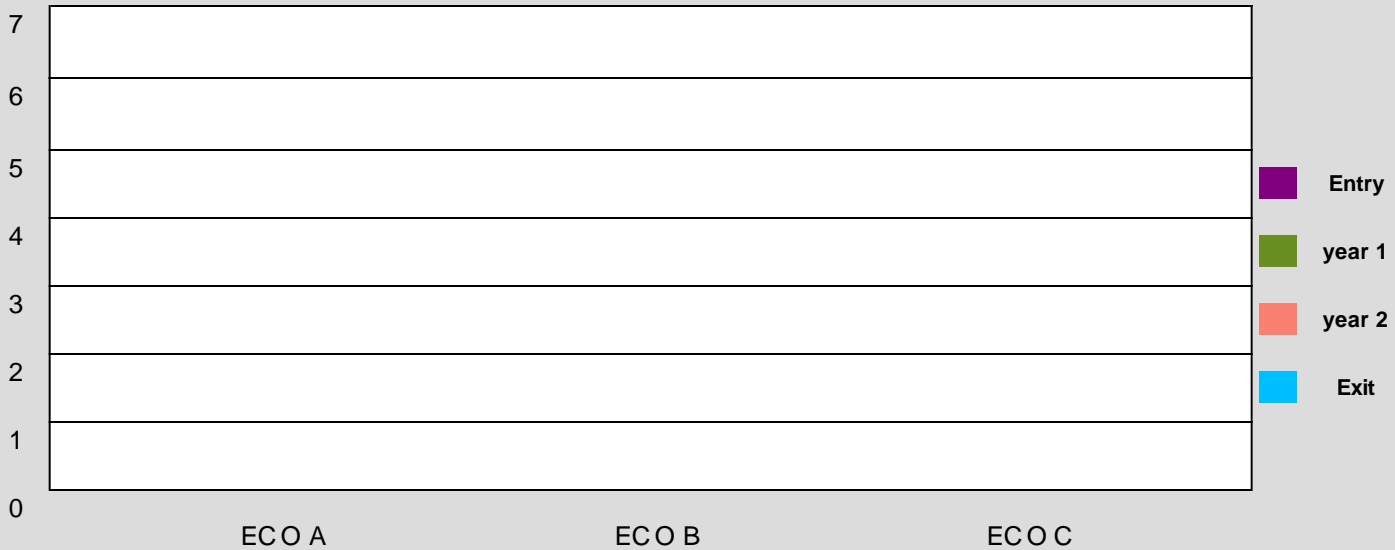
For VT DOE reporting purposes, the IEP team has determined that the child's annual progress will be assessed using the GOLD (required statewide PreK assessment measurement)

For VT DOE reporting purposes, the IEP team has determined that the child's annual progress will be assessed using an alternative assessment measure e.g., Battelle Developmental Inventory (BDI); Trans-disciplinary Play-based Assessment (TPBA); Assessment, Evaluation and Programming System (AEPS), etc.

Early Childhood Outcomes Entry, Exit and Progress Data Collection

	Outcome Area	Entry *	Annual Review	Annual Review	Exit *	Progress at exit?
*EEE Entry Date: *EEE Exit Date:	a. Positive Social Emotional Skills	-	-	-	-	-
	b. Acquisition and use of new knowledge/skills	-	-	-	-	-
	c. Taking action to meet needs	-	-	-	-	-

() Outcome Progress Summary



August 1, 2013