

MAUMEE CITY SCHOOL DISTRICT

INDIVIDUALIZED EDUCATION PROGRAM (IEP) (FORM PR-07)

Each School District shall have an IEP in effect for each child with a disability within its jurisdiction who is receiving special education and related services by the child's third birthday and at the beginning of each subsequent school year.

In completing the future planning section, the IEP team should discuss and develop a plan to assist in addressing the child's future. Family and student preferences and interests are an essential part of future planning.

The IEP team should review relevant data including the Evaluation Team Report, in determining the child's present level of performance. In reviewing such data, the team should consider:

- How the child's disability affects the child's involvement and progress in the general curriculum, or for preschool children, how the disability affects the child's participation in age-appropriate activities;
- How the strengths and interests of the child and the input of the parents will enhance the education of the child;
- If it is an annual review, the degree to which the current annual goals and short-term instructional objectives are being achieved by the child.

Based upon the review, the IEP team should identify and document the child's present levels of performance, which should accurately describe the effects of the child's disabilities on the child's involvement and progress in the general curriculum.

The IEP team shall document measurable annual goals and their related content areas, benchmarks/short-term objectives, and student progress. The IEP team shall also describe how the parents, legal guardians, or custodians will be informed of progress at least as often as parents of a nondisabled child. The IEP team must determine how the child's progress towards annual goals will be measured.

Based upon the information that the District has gained as part of developing the present levels of performance, the IEP team must determine if issues related to any of the following special factors need to be considered in the development of the student's IEP:

- Behavior, if student behavior impedes the student's learning or the learning of others
- Limited English proficiency
- Visual impairments
- Communication
- Deafness/hearing impairments
- Assistive technology services and devices

Individualized Education Program (IEP) (Form PR-07) Con't

In addition to the special factors listed above, other considerations to be made by the IEP team include issues involved in

- Physical education
- Extended school year
- Transition service requirements at age fourteen (14)
- Testing and assessment
- Transfer of rights

For visual impairments, transition services, and testing and assessment, complete the applicable section of the IEP Form, as appropriate.

To complete the portion of the IEP that identifies the services to be provided, the IEP team will need to determine and document the special education and related services and supplementary aids and services to be provided to the child, and a statement of program accommodations or modifications that will be provided to the child. The IEP team must identify and document the initiation date of the services, the expected duration of the services, and the frequency of the services across all goals to be provided.

The IEP team must determine and document the least restrictive environment (LRE) in which the identified services will be delivered so that each goal may be achieved. The IEP team shall explain why the child will not participate with nondisabled children in the regular classroom if the child's LRE is someplace other than the regular classroom.

Reference: Rule 3301-51-07(A), *Operating Standards for Ohio's Schools Serving Children with Disabilities*

Services Plan

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Name _____ Date of Birth _____ Grade Level _____ Male Female

Student Identification Number _____

Child/Student Address _____ Parent/Guardian _____

Parent Address _____ Home Phone _____ Work Phone _____

Effective IEP Dates from _____ to _____ Meeting Date _____ Initial IEP Periodic Review

District of Residence _____ District of Service _____

Step 1 **Discuss future planning.**
(Family and student preferences and interests)

Step 2 **Discuss present levels of academic and functional performance.**
(What do we know about this child, and how does that relate in the context of content standards, or for preschool children, in the context of appropriate activities and how the disability affects the student's involvement in the general education curriculum.)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Annual Goals and Short-Term Objectives

Step 3: Identify needs that require specially designed instruction

Step 4: Identify measurable annual goals, including academic and functional goals

Goal # _____ Content area addressed: _____

Benchmarks or short-term objectives

Student Progress

(Include a description of how the child's progress toward meeting the annual goals will be measured and when periodic reports on the progress the child is making toward meeting the annual goals will be provided.)

Step 5: Identify services

Service: _____ Initiation date: _____ Expected duration: _____ Frequency: (how often) _____

(Identify all services needed for the child to attain the annual goal and progress in the general education curriculum. Services may include specially designed instruction, related services, supplementary aids, or, on behalf of the child, a statement of program modifications, testing accommodations, or supports for school personnel)

Step 6: Determine least restrictive environment

Determine where services will be provided

(An explanation of the extent, if any, to which the child will not participate with nondisabled children in the regular class.)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Special Factors

Based on discussions of the information provided regarding relevant special factors and other considerations as noted below, the following is applicable and incorporated into the IEP.

	Incorporated into IEP (Check Box)
Behavior: In the case of a student whose behavior impedes his/her learning or that of others.	<input type="checkbox"/>
Limited English proficiency (LEP)	<input type="checkbox"/>
Children/students with visual impairments (see IEP page _____)	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Deaf or hard of hearing	<input type="checkbox"/>
Assistive technology services and devices	<input type="checkbox"/>

Other Considerations

Physical education	<input type="checkbox"/>
Extended school year services	<input type="checkbox"/>
Beginning at age fourteen (14)...transition service needs which focus on the student's courses of study [See IEP page ____]	<input type="checkbox"/>
Transition services statement, no later than age sixteen (16) [See IEP page ____]	<input type="checkbox"/>
Testing and assessment programs, including proficiency tests [See IEP page ____]	<input type="checkbox"/>
Transfer of rights beginning at least one (1) year before the student reaches the age of majority under state law (Ohio law is age eighteen (18))	<input type="checkbox"/>

Relevant Information/Suggestions (e.g., medical information, other information):

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Children/Students with Visual Impairments

CHILD/STUDENT _____ GRADE LEVEL _____ SERVICE _____

INSTRUCTIONS: This form shall be completed during the IEP meeting for each child/student who has a visual impairment, as defined by Ohio's Amended Substitute House Bill Number 164, which requires a statement specifying one (1) or more reading and writing media in which instruction is appropriate to meet the child's/student's educational needs. **A copy of this completed form is part of, and must be attached to, the child's/student's IEP form.**

	Yes	No
1. Annual assessment of reading and writing skills was conducted with each child/student in all media considered appropriate. The results of these assessments are included in "Present Levels of Development/Functioning/Performance" on the IEP and indicate both strengths and weaknesses.	<input type="checkbox"/>	<input type="checkbox"/>
2. The IEP contains a requirement for instruction in Braille reading and writing when that medium is appropriate and is indicated by adding "Standard English Braille" as a special service in Step 4, listing the date initiated and the anticipated duration of services.	<input type="checkbox"/>	<input type="checkbox"/>
3. Instruction in Braille reading and writing was carefully considered for this child/student and pertinent literature describing the educational benefits of instruction in Braille reading and writing was reviewed by the persons developing this child's/student's IEP.	<input type="checkbox"/>	<input type="checkbox"/>
4. The following visual condition(s) was taken into account and discussed in making the above decision:		
Condition is degenerative and progressive loss is expected.	<input type="checkbox"/>	<input type="checkbox"/>
Condition is currently unpredictable in nature and will be reviewed if change in visual condition is noted.	<input type="checkbox"/>	<input type="checkbox"/>
Condition is temporary and expected to improve.	<input type="checkbox"/>	<input type="checkbox"/>
Condition is stable and will be monitored.	<input type="checkbox"/>	<input type="checkbox"/>
5. Indicate the appropriate instructional media		
Standard English Braille	<input type="checkbox"/>	<input type="checkbox"/>
Large Print	<input type="checkbox"/>	<input type="checkbox"/>
Regular Print	<input type="checkbox"/>	<input type="checkbox"/>
Tape/auditory	<input type="checkbox"/>	<input type="checkbox"/>
Pre-reader	<input type="checkbox"/>	<input type="checkbox"/>
6. Complete if Braille reading and writing ARE appropriate at this time		
Annual goals provided	<input type="checkbox"/>	<input type="checkbox"/>
Short-Term objectives provided	<input type="checkbox"/>	<input type="checkbox"/>
Date of initiation indicated	<input type="checkbox"/>	<input type="checkbox"/>
Frequency and duration of instructional sessions indicated	<input type="checkbox"/>	<input type="checkbox"/>
Level of competency to be achieved annually indicated	<input type="checkbox"/>	<input type="checkbox"/>
Objective determinants used to measure achievement provided	<input type="checkbox"/>	<input type="checkbox"/>
7. Reasons Braille reading and writing ARE NOT appropriate at this time		
Documented visual acuity allowing the choice of larger type/regular type	<input type="checkbox"/>	<input type="checkbox"/>
Child/student is considered a pre-reader	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Discuss and Document a Statement of Needed Transition Services

Name of Student _____ Date _____ Person(s) Responsible for Coordinating Transition Services _____

Write a statement of transition service needs that focus on the student's courses of study during his/her secondary school experiences (beginning at age fourteen (14) or younger, if appropriate).

FOR SIXTEEN (16) YEARS AND OLDER	COMPLETED AFTER IEP DEVELOPMENT				
EMPLOYMENT AND POSTSECONDARY LONG-TERM OUTCOME: _____					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Current Year Activities and Services</td> <td style="width: 20%;">Responsible Person/Provider</td> <td style="width: 20%;">Initiation/Duration (Specify Date)</td> <td style="width: 30%;">Goals/Objectives that Support Activities/Services</td> </tr> </table>	Current Year Activities and Services	Responsible Person/Provider	Initiation/Duration (Specify Date)	Goals/Objectives that Support Activities/Services	
Current Year Activities and Services	Responsible Person/Provider	Initiation/Duration (Specify Date)	Goals/Objectives that Support Activities/Services		
POSTSCHOOL/ADULT LIVING LONG-TERM OUTCOME: _____					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Current Year Activities and Services</td> <td style="width: 20%;">Responsible Person/Provider</td> <td style="width: 20%;">Initiation/Duration (Specify Date)</td> <td style="width: 30%;">Goals/Objectives that Support Activities/Services</td> </tr> </table>	Current Year Activities and Services	Responsible Person/Provider	Initiation/Duration (Specify Date)	Goals/Objectives that Support Activities/Services	
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COMMUNITY PARTICIPATION LONG-TERM OUTCOME: _____					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Current Year Activities and Services</td> <td style="width: 20%;">Responsible Person/Provider</td> <td style="width: 20%;">Initiation/Duration (Specify Date)</td> <td style="width: 30%;">Goals/Objectives that Support Activities/Services</td> </tr> </table>	Current Year Activities and Services	Responsible Person/Provider	Initiation/Duration (Specify Date)	Goals/Objectives that Support Activities/Services	
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Functional Vocational Evaluation: Needed Not Needed Date Completed _____

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Statewide and Districtwide Testing

Student Name: _____ **Student Grade** (when scheduled to take this test): _____ **Student ID:** _____

School Year: _____ **IEP Meeting Date:** _____

Areas of Assessment	Grade Level of Test to be Administered	STATEWIDE TESTING			DISTRICTWIDE TESTING			
		Will Take Test without IEP Accommodations	Will Take Test with IEP Accommodations	Will Participate in Alternate Assessment	Grade Level of Test to be Administered	Will Take Test without Accommodations	Will Take Test with Accommodations	Will Participate in Alternate Assessment
Reading								
Writing								
Math								
Science								
Citizenship								
Technology								
ITAC								

A statement of why the child cannot participant in the regular assessment and will be taking alternate assessment: _____

Excused from the consequences associated with not passing the test (Graduation Test) in the following area(s) of assessment:

Met participation requirements Yes No Date _____

(Graduation Tests)

Area of Assessment	List Accommodations to Assessment	Area of Assessment	List Accommodations
Reading		Other (Specify)	
Writing		Other (Specify)	
Math		Other (Specify)	
Science		Other (Specify)	
Citizenship		Other (Specify)	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Name _____ IEP effective dates from _____ to _____ Date of next IEP review _____

IEP Team Meeting Participants

Check one (1) of the following: This IEP team meeting was a Face to face meeting Video Conference Telephone Conference/Conference Call.

(signature/title) _____	<input type="checkbox"/> Participated	<input type="checkbox"/> Excused	(signature/title) _____	<input type="checkbox"/> Participated	<input type="checkbox"/> Excused
(signature/title) _____	<input type="checkbox"/> Participated	<input type="checkbox"/> Excused	(signature/title) _____	<input type="checkbox"/> Participated	<input type="checkbox"/> Excused
(signature/title) _____	<input type="checkbox"/> Participated	<input type="checkbox"/> Excused	(signature/title) _____	<input type="checkbox"/> Participated	<input type="checkbox"/> Excused
(signature/title) _____	<input type="checkbox"/> Participated	<input type="checkbox"/> Excused	(signature/title) _____	<input type="checkbox"/> Participated	<input type="checkbox"/> Excused

Summary of special education services: _____

Initial IEP

- I give consent to initiate special education and related services specified in this IEP.*
- I give consent to initiate special education and related services specified in this IEP except for _____**
- I do not give consent for special education services at this time.**

Parent Signature _____ Date: _____

*This IEP serves as prior written notice if there is agreement.
**If there is not agreement, the District must provide prior written notice to the parents.

Parent Notice of Procedural Safeguards/Copy of the IEP

- I have received a copy of the parent notice of procedural safeguards for the current year.
- Parent has requested and received a copy of the IEP.

Parent Signature _____
Date: _____

Note: The student receives notice of procedural safeguards at least one (1) year prior to his/her 18th birthday.

Student Signature _____ Date _____

Consent for Change in Placement/Partial Implementation of the IEP/Revoke Consent

- I give consent for the change of placement as identified in this IEP.*
- I give consent for the special education and related services specified in this IEP except for _____
- I do not give consent for a change of placement as identified in this IEP.
- I revoke consent for special education services

Parent Signature _____ Date _____

*This IEP serves as prior written notice if there is agreement.
**If there is not agreement, the District must provide prior written notice to the parents.

Periodic Review Agreement

- I am signing to show my attendance/participated at the IEP team meeting but I do not agree with the special education and related services specified in this IEP.

I give consent to implement this IEP and I agree with this IEP.
Signature _____ Date _____

Reason for Placement in Separate Facility (if applicable)

Having considered the continuum of services and the needs of the student, this IEP team has decided that placement in a separate facility is appropriate because:

Effective Date: 2/1/07