

Check Purpose: Initial
 Annual Review
 Reevaluation
 Addendum

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Duration of Special Education and Related Services: From: ____/____/____ To: ____/____/____

Student: _____ DOB: ____/____/____

School: _____ Grade: _____

I. Area of Eligibility

- | | | |
|--|--|---|
| <input type="checkbox"/> Autistic | <input type="checkbox"/> Mentally Disabled | <input type="checkbox"/> Speech-Language Impaired |
| <input type="checkbox"/> Behaviorally-Emotionally Disabled | <input type="checkbox"/> EMD <input type="checkbox"/> S/PMD <input type="checkbox"/> TMD | <input type="checkbox"/> Traumatic Brain Injured |
| <input type="checkbox"/> Deaf-Blind | <input type="checkbox"/> Orthopedically Impaired | <input type="checkbox"/> Developmentally Delayed |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Other Health Impaired | <input type="checkbox"/> Visually Impaired |
| <input type="checkbox"/> Multihandicapped | <input type="checkbox"/> Specific Learning Disabled | |

A. Additional Area(s) of Disability:

II. Consideration of Special Factors

A. Student's overall strengths:
 B. Parent's concerns, if any, for enhancing the student's education:

C. Special factors to be considered:
 Does the student have behavior(s) that impede his/her learning or that of others?
 Yes No
 Does the student have Limited English Proficiency?
 Yes No
 If the student is blind or partially sighted will the instruction in or use of Braille be needed?
 Yes No

Does the student have any special communication needs? (If the student is deaf or hard of hearing, see directions.)
 Yes No
 Does the student require assistive technology devices and / or services
 Yes No

D. Other factors to be addressed:
 Does the student require adapted physical education?
 Yes No
 Is the student's age 14 or older, or will the student turn 14 during the duration of the IEP?
 Yes No
 If yes, transition services:
 component attached stated in the IEP
 Has the student been informed of his/her own rights, if age 17 and older?
 Yes No

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III. Least Restrictive Environment (Placement)

A. Appropriate supplementary aids, services, and modification(s)/accommodations for instruction and testing and/or supports for school personnel, if any:

- | | | | | |
|----------------------------|-------------------|---------------------------|--|----------------------------|
| a. grading | f. read aloud* | k. Braille/braillewriter* | p. magnification devices | u. student marks in book* |
| b. modified assignments | g. extended time* | l. preferential seating | q. interpreting/transliterating* | v. study guides |
| c. alternative materials | h. portfolio | m. video cassette | r. demonstration teaching | w. multiple test sessions* |
| d. graphic organizers | i. large print* | n. Cranmer-Abacus* | s. assistive devices* | x. testing-separate room* |
| e. tech. assist./inservice | j. audio tapes | o. dictation to a scribe* | t. computer/typewriter word processor* | y. one test item per page* |
| | | | | z. other _____ |

NOTE: Only the accommodations with an (*) are approved by the N.C. Testing Program for test validity. **Exception-**Use of the read aloud accommodation on the EOG and EOC Reading Tests invalidates the score. When adding accommodations that are not listed above, consult the testing manual for test validity. **NAEP:** Participation in the NAEP is voluntary. If it is anticipated that the student will be included in the NAEP administration and will take it with accommodations, review and select the appropriate accommodations from the list in the testing manual.

1. Regular Program Participation: Circle the regular class(es) and activities in which the student is enrolled and list the letters for any modifications in the blank provided.

- | | | | | |
|-----------------------------------|---|--|---|-------------------------------------|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Library | <input type="checkbox"/> History | <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Recess |
| <input type="checkbox"/> English | <input type="checkbox"/> Music/Art | <input type="checkbox"/> Science | <input type="checkbox"/> Physical Education | <input type="checkbox"/> Homeroom |
| <input type="checkbox"/> Spelling | <input type="checkbox"/> Economics | <input type="checkbox"/> Health | <input type="checkbox"/> Chapter 1 | <input type="checkbox"/> Vocational |
| <input type="checkbox"/> Math | <input type="checkbox"/> Social Studies | <input type="checkbox"/> Writing | <input type="checkbox"/> Remediation | <input type="checkbox"/> Other |
| <input type="checkbox"/> Lunch | <input type="checkbox"/> Assemblies | <input type="checkbox"/> Language Arts | <input type="checkbox"/> Extracurricular Activities | |

2. North Carolina Testing Program: List the letter(s) of any accommodations on the line provided.

- Regular Test Administration Test Administration with Accommodations _____
- N.C. Alternate Assessment NCCLAS _____
- N.C. Alternate Assessment NCEExtend2 _____
- N.C. Alternate Assessment NCEExtend1 _____
- Computer Skills Test _____
- Computer Skills Portfolio _____
- National Assessment of Educational Progress (NAEP) _____

If a student is taking an alternate assessment, why is the regular testing not appropriate? _____

Comments (if needed): _____

For preschool children, describe how the child is involved in a regular program. _____

B. Anticipated Frequency and Location of Services:

Type of Service	Sessions Per:			Amount of Time Per Session	Location
	Week	Month	Reporting Period		
Special Education	_____	_____	_____	_____	_____
Related Services	_____	_____	_____	_____	_____
<input type="checkbox"/> Counseling Services	_____	_____	_____	_____	_____
<input type="checkbox"/> Occupational Therapy	_____	_____	_____	_____	_____
<input type="checkbox"/> Physical Therapy	_____	_____	_____	_____	_____
<input type="checkbox"/> Speech-Language	_____	_____	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____	_____	_____
<input type="checkbox"/> Transportation	_____	_____	_____	_____	_____
<input type="checkbox"/> None	_____	_____	_____	_____	_____

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C. Continuum of Alternative Placements: Check the alternative placements considered by the committee, and circle the decision reached.

School Age

- Regular-80% or more of the day with non-disabled peers
- Resource-40% - 79% of the day with non-disabled peers
- Separate-39% or less of the day with non-disabled peers
- Public Separate School

- Private Separate School
- Public Residential
- Private Residential
- Home/Hospital

Preschool

- Regular Early Childhood Program (RECP)
 - RECP – at least 80% of the time
 - RECP – 40% - 79% of the time
 - RECP – 39% or less of the time
- Separate Class – with less than 50% non-disabled peers

- Separate School
- Residential Facility
- Home
- Service Provider Location

D. If the student will be removed from his/her non-disabled peers for any part of the day (regular class, extracurricular activities non-academic activities), explain why.

IV. Explain how and when parents will be informed of the student’s progress toward annual goals:

V. Extended School Year Status

- Is not eligible for extended school year
- Is eligible for extended school year
- Eligibility is under consideration and will be determined by ____/____/____

VI. IEP Team. The following were present and participated in the development and writing of the IEP.

Signature	Position	Date
_____	LEA Representative	____/____/____
_____	Regular Education Teacher	____/____/____
_____	Special Education Teacher	____/____/____
_____	Parent	____/____/____
_____	Student	____/____/____

VII. IEP Addendum Team. The following were present and participated in the development and writing of the IEP.

Signature	Position	Date
_____	LEA Representative	____/____/____
_____	Regular Education Teacher	____/____/____
_____	Special Education Teacher	____/____/____
_____	Parent	____/____/____
_____	Student	____/____/____

VIII. Reevaluation. The IEP was reviewed at reevaluation and was found to be appropriate. An annual review of this IEP will be conducted on or before ____/____/____.

Signature	Position	Date
_____	LEA Representative	____/____/____
_____	Regular Education Teacher	____/____/____
_____	Special Education Teacher	____/____/____
_____	Parent	____/____/____
_____	Student	____/____/____