
Parent and/or Student Concerns

What concern(s) does the parent and/or student want to see addressed in this IEP to enhance the student's education?

Contact:

Address:

Fax:

City:

Email:

Phone:

Student Strengths and Key Evaluation Results Summary

What are the student's educational strengths, interest areas, significant personal attributes and personal accomplishments? What is the student's type of disability(ies), general education performance including MCAS/district test results, achievement towards goals and lack of expected progress, if any?

Vision Statement

What is the vision for this student?

Consider the next 1 to 5 year period when developing this statement. Beginning no later than age 14, the statement should be based on the student's preferences and interest, and should include desired outcomes in adult living, post-secondary and working environments.

Present Levels of Educational Performance

A: General Curriculum

Check all that apply.

General curriculum area(s) affected by this student's disability(ies):

- English Language Arts Consider the language, composition, literature (including reading) and media strands.
- History and Social Sciences Consider the history, geography, economics and civics and government
- Science and Technology strands. Consider the inquiry, domains of science, technology and science, technology and human affairs
- Mathematics Consider the number sense, patterns, relations and functions, geometry and measurement and statistics and probability strands
- Other Curriculum Areas
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How does the disability(ies) affect progress in the curriculum area(s)?

What type(s) of accommodation, if any, is necessary for the student to make effective progress?

What type(s) of specially designed instruction, if any, is necessary for the student to make effective progress?

Check the necessary instructional modification(s) and describe how such modification(s) will be made.

- Content:
- Methodology / Delivery of Instructions:
- Performance Criteria:

Present Levels of Educational Performance

B: Other Educational Needs

Check all that apply.

General Considerations

- | | | |
|--|--|--|
| <input type="checkbox"/> Adapted physical education | <input type="checkbox"/> Assistive tech devices/services | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Braille needs (blind/visually impaired) | <input type="checkbox"/> Communication (all students) | <input type="checkbox"/> Communication (deaf/hard of hearing students) |
| <input type="checkbox"/> Extra curricular activities | <input type="checkbox"/> Language needs (LEP student) | <input type="checkbox"/> Non-academic activities |
| <input type="checkbox"/> Social/emotional needs | <input type="checkbox"/> Travel training | <input type="checkbox"/> Skill Development related to |
| <input type="checkbox"/> Other | | vocation preparation or experience |

Age-Specific Consideration

- For children ages 3 to 5 – Participation in appropriate activities
- For children ages 14* (or younger if appropriate) – student's course of study
- For children ages 16 (or younger if appropriate) to 22 – transition to post-school activities including community experience, Employment objectives, other post school adult living and, if appropriate, daily living skills

How does the disability(ies) affect progress in the indicated area(s) of other educational needs?

What type(s) of accommodation, if any, is necessary for the student to make effective progress?

What type(s) of specially designed instruction, if any, is necessary for the student to make effective progress?

Check the necessary instructional modification(s) and describe how such modification(s) will be made.

Content:

Methodology / Delivery of Instructions:

Performance Criteria:

Current Performance Levels/Measurable Annual Goals

Goal #1 – Specific Goal Focus:

Current Performance Level : What can the student currently do?

Measurable Annual Goal : What challenging, yet attainable, goal can we expect the student to meet by the end of this IEP period? How will we know that the student has reached this goal?

Benchmark/Objectives : What will the student need to do to complete this goal?

Goal #2 – Specific Goal Focus:

Current Performance Level : What can the student currently do?

Measurable Annual Goal : What challenging, yet attainable, goal can we expect the student to meet by the end of this IEP period? How will we know that the student has reached this goal?

Benchmark/Objectives : What will the student need to do to complete this goal?

Goal #3 – Specific Goal Focus:

Current Performance Level : What can the student currently do?

Measurable Annual Goal : What challenging, yet attainable, goal can we expect the student to meet by the end of this IEP period? How will we know that the student has reached this goal?

Benchmark/Objectives : What will the student need to do to complete this goal?

Service Delivery

What are the total service delivery needs of this student?

Includes services, related services, program modifications and supports (including positive behavioral supports, school personnel and/or parent training/supports). Services should assist the student in reaching IEP goals, to be involved and progress in the general curriculum, to participate in extracurricular/nonacademic activities and to allow the student to participate with nondisabled students while working towards IEP goals.

School District Cycle: 5 Day Cycle 6 Day Cycle 10 Day Cycle Other

A. Consultation (Indirect Service to School Personnel and Parents)

Focus on Goal #	Objective #	Type of Service	Type of Personnel	Frequency and Duration/Per Cycle	Start Date	End Date

B. Special Education and Related Services in General Education Classroom (Direct Service)

Focus on Goal #	Objective #	Type of Service	Type of Personnel	Frequency and Duration/Per Cycle	Start Date	End Date

C. Special Education and Related Services in Other Settings (Direct Services)

Focus on Goal #	Objective #	Type of Service	Type of Personnel	Frequency and Duration/Per Cycle	Start Date	End Date

Nonparticipation Justification

Is the student removed from the general education classroom at any time? (Refer to IEP 5 – (Service Delivery, Section C)

No

Yes

If yes ,why is removal considered critical to the student's program?

IDEA 2004 Regulation 20 U.S.C Sec, 612 (a) (5).550:"... removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services can not be achieved satisfactorily." (Emphasis added)

Schedule Modification

Shorter

Does the student require a shorter day or shorter school year?

No

Yes – shorter day

Yes – shorter year

If yes, answer the questions below.

Longer

Does this student require a longer school day or a longer school year to prevent substantial loss of previously learned skills and/or substantial difficulty in re-learning skills?

No

Yes – longer day

Yes – longer year

If yes, answer the questions below.

Transportation Services

Does the student require special transportation as a result of the disability(ies)?

No

Regular transportation will be provided in the same manner as it would be provided for students without disabilities.

Yes

Special door-to-door transportation will be provided.

After the team makes a transportation decision and after a placement decision has been made, a parent may choose to provide transportation. Any parent who plans to transport their child to school should notify the school district contact person.

State or BPS Assessment

Identify state or BPS assessments planned during this IEP period:

State Assessments:

BPS Assessments:

Fill out the table below. Consider any state or BPS assessment to be administered during the time span covered by this IEP. For each content area, identify the student's assessment participation status by putting a check mark in the corresponding box for column 1, 2, or 3.

	1. Assessment participation: Student participates in on-demand testing under routine conditions in this content area.	2. Assessment participation: Student participates in on-demand testing with accommodations in this content area. (see 1. below)	3. Assessment participation: Student participates in alternate assessment in this content area. (see 2. below)
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CONTENT AREAS	COLUMN 1	COLUMN 2	COLUMN 3
English Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History and Social Sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science and Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- For each content area identified by a check mark in the column 2 above: note in the space below the content area and describe the accommodations necessary for participation in the on-demand testing. Any accommodations used for assessment purposes should be closely modeled on the accommodations that are provided to the student as part of his/her instructional program.

English Language Arts:

History and Social Sciences:

Mathematics:

Science and Technology:

2. For each content area identified by a check mark in the column 3 above: note in the space below the content area, why the on-demand assessment is not appropriate and how that content area will be alternately assessed. Make sure to include the learning standards that will be addressed in each content area, the recommended assessment method(s) and the recommended evaluation and reporting method(s) for the student's performance on the alternate assessment.

Name of designated content are in column #3:

Alternate assessment justification:

Strands and standards:

Additional Information

Transition Planning



Include the following transition information: a statement of interagency responsibilities or needed linkages and a recommendation for Chapter 688 Referral.

Code of Conduct Information

Response Section

School Assurance

I certify that the goals in this IEP are those recommended by the Team and that the indicated services will be provided.

Signature and Role of LEA Representative

Date

Parent Options / Responses

It is important that the district knows your decision as soon as possible. Please indicate your responses by checking at least one (1) box and returning a signed copy to the district. Thank you.

I accept the IEP as developed.

I reject the IEP as developed.

I reject the following portions of the IEP with the understanding that any portion(s) that I do not reject will be considered accepted and implemented immediately. Rejected portions are as follows:

I request a meeting to discuss the rejected IEP or rejected portion(s).

_____, Parent
Signature of Parent, Guardian, Educational Surrogate Parent, Student 18 and Over*

Date

** Required signature once a student reaches 18 unless there is a court appointed guardian.*

Parent Comment: I would like to make the following comment(s) but realize any comment(s) made that suggest changes to the proposed IEP will not be implemented unless the IEP is amended.

Administrative Data Sheet

Student Information:

Name: _____ Current School: _____ SASID: _____
Address: _____
_____ Grade: _____
Birth Date: _____ Place of Birth: _____ Age: _____
Primary Language: _____ Language of Instruction: _____ Gender: _____

Parent Guardian Information:

Name: _____
Address: _____
Home Phone: _____
Email Address: _____
Work Phone: _____
Cell Phone: _____
Relationship to Student: _____

Name: _____
Address: _____
Home Phone: _____
Email Address: _____
Work Phone: _____
Cell Phone: _____
Relationship to Student: _____

Meeting Information:

Date of Meeting: _____ Type of Meeting: _____
Date of Next Meeting: _____ Type of Next Meeting: _____

Assigned School Information:

School Name: _____ Telephone: _____
Address: _____ Grade: _____
City: _____ Role: _____
Contact Person: _____
Date of Assignment: _____
Cost Shared Placement: No Yes If Yes, Specify Agency/LEA: _____