

INDIVIDUALIZED EDUCATION PROGRAM

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Students Full Name _____
_____ County Schools

Date _____

PART I: STUDENT INFORMATION

Student's Full Name _____ DOB _____
Parent(s)/Guardian(s)/ Surrogate Parent _____ Age _____
Address _____ Grade _____
(Address continued) _____ WVEIS# _____
Telephone Home: _____ Work: _____ Cell: _____

Reevaluation Due Date: _____

- Initial Annual Review Reevaluation Review
 Other _____

Transfer: (from) _____ Date _____

PART II: Documentation of Attendance

Signature	. . . . .	Position
_____	. . . . .	Parent
_____	. . . . .	Parent
_____	. . . . .	Student
_____	. . . . .	General Education Teacher
_____	. . . . .	Special Education Teacher
_____	. . . . .	Chairperson
_____	_____
_____	_____
_____	_____
_____	_____

The following people participated in the IEP Team meeting via an alternate method:

Name	Position	Alternate Method
_____	_____	_____
_____	_____	_____
_____	_____	_____

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PART III : EXTENDED SCHOOL YEAR (ESY) DETERMINATION

Will ESY be considered while developing this IEP?

___ Yes ___ N/A (Student is gifted)

The IEP Team in making its determination of a student's need for ESY shall review documentation that the student exhibits, or may exhibit:

- Significant regression during an interruption in educational programming;
- A limited ability to recoup, or relearn skills once programming has resumed;
- Regression/recoupment problem(s) that interfere with the maintenance of identified critical skills as described in the current IEP; and
- Other factors that interfere with the maintenance of identified critical skills as described in the current IEP, such as predictive data; degree of progress; emerging skills and breakthrough opportunities; interfering behaviors; nature and/or severity of the disability; and special circumstances

The lack of clear evidence of such factors may not be used to deny a student ESY services, if the IEP Team determines the need for such services and includes ESY in the IEP.

Does the student need ESY services?

___ Yes ___ No Defer until: _____

(ESY shall be determined annually)

EXTENDED SCHOOL YEAR SERVICES

ESY Services	Direct / Indirect (D or I)	Location of Services * General Education Environment = GEE * Special Education Environment = SEE * Other = _____	Extent/Frequency _____ per _____	Initiation Date m/d/y	Duration m/y

After review of the proposed extended school year services, the parent(s)/guardian(s) /adult student;

- accept(s) extended school services
 reject(s) extended school services.

Initials: _____ **Date:** _____

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PART IV: CONSIDERATION OF FACTORS FOR IEP DEVELOPMENT/ANNUAL REVIEWS

The IEP team considers for all students:

- The strengths of the student
- The concerns of the parent
- Results of the initial or most recent evaluation of the student. Are additional evaluations needed? (specify) _____
- Academic, developmental and functional needs of the student
- Revisions needed to address lack of progress

Additional Considerations (if Yes, must be documented in the Present Levels Narrative)		Yes	No
1.	Is the student identified as gifted? <i>If yes, consider whether acceleration will be provided and document its effect on graduation.</i>		
2.	Does the student need assistive technology devices or services? <i>If yes, document the type of device and provision for home use, if any, and/or the nature and amount of services.</i>		
3.	Does the student have communication needs? <i>If yes, address in the IEP.</i>		
4.	Does the student's behavior impede his or her learning or that of others? <i>If yes, consider the use of positive behavioral interventions and supports and other strategies to address that behavior.</i>		
5.	Does the student have blindness or low vision? <i>If yes, document provision of instruction in braille and the use of braille, OR after an evaluation of the student's reading and writing skills, needs and appropriate reading and writing media, including an evaluation of the student's future needs for instruction in braille or the use of braille, document in the Present Levels a justification that instruction in braille or the use of braille is not appropriate for the student.</i>		
6.	Is the student deaf or hard of hearing? <i>If yes, consider the language and communication needs of the student, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, the student's academic level and full range of needs, including opportunities for direct instruction in the student's language and communication mode.</i>		
7.	Does the student have limited English proficiency? <i>If yes, consider the language needs of the student.</i>		
8.	Will the student's next IEP address transition services? <i>If yes, permission must be obtained to invite other agency representatives to the next IEP meeting. (see Activities/Linkages section under Transition Planning)</i> Specify Agency (ies): _____ Parent/Adult Student Consent: Date: _____ Parent Initial _____ Student Initial _____		

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PART V: ASSESSMENT DATA

Student Assessment Data (WESTEST2)

TEST YEAR	Reading/Language Arts			Math			Science		Social Studies	
	SS	PL	LX	SS	PL	QT	SS	PL	SS	PL
2007										
2008										
2009										
2010										
2011										
2012										

(SS = scale score) (PL = performance level) (LX = Lexile) (QT = Quantile)

Student Assessment Data (APTA)

TEST YEAR	Reading/Language Arts	Math	Science	Social Studies
	PL	PL	PL	PL
2007				
2008				
2009				
2010				
2011				
2012				

(PL = performance level)

Additional Assessment Data

Using current, annual data, list benchmark and formative assessments that have been used with the student and describe the results and implications for specially designed instruction.

Assessment	Description

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PART VI: TRANSITION PLANNING *(for students beginning no later than the first IEP to be in effect when the student is 16, or younger if appropriate)* (Refer to Policy 2419 and Policy 2510)

Age of Majority (for students reaching age 17 within the next 12 months)

The student and parent have been informed of the transfer of educational rights that will occur on reaching age 18.

Yes No Date _____ Student Initials _____ Parent Initials _____

Transition Planning Considerations:

How were the student's preferences and interests considered? (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Student interview/survey | <input type="checkbox"/> Interest inventory (specify) _____ |
| <input type="checkbox"/> Parent interview/survey | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Functional vocational evaluation | _____ |

Transition Assessments Reviewed (specify):

The student's educational program will lead to a: standard diploma modified diploma

Post-Secondary Goals

Anticipated post-secondary education goals: _____

Anticipated post-secondary employment goals: _____

Anticipated post-secondary adult living goals: _____

Career Pathway/Cluster/Concentration the student selected on the Individualized Student Transition Plan (ISTP) is:

- | | | |
|---|--|--|
| Pathway (8th grade) | Cluster (8th grade) | Concentration (10th grade) |
| <input type="checkbox"/> Entry (for 9 th graders 04-05 through 07-08 only) | <input type="checkbox"/> Arts and Humanities | _____ |
| <input type="checkbox"/> Skilled | <input type="checkbox"/> Business/Marketing | _____ |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Engineering/Technical | |
| | <input type="checkbox"/> Health Sciences | |
| | <input type="checkbox"/> Human Services | |
| | <input type="checkbox"/> Science/Natural Resources | |

Transition Services: Indicate areas to be addressed in annual goals.

- | | |
|--|---|
| <input type="checkbox"/> Instruction | <input type="checkbox"/> Employment and other adult living objectives |
| <input type="checkbox"/> Related Services | <input type="checkbox"/> Daily living skills <i>(if appropriate)</i> |
| <input type="checkbox"/> Community experiences | <input type="checkbox"/> Functional vocational evaluation <i>(if appropriate)</i> |

Activities/Linkages: Identify activities needed for attaining post-secondary outcomes and the lead party/agency responsible for those services.

Activities/Linkages	Lead Party/Agency			Description of Service
	Parent / Student	School	Agency (Specify)	
Instruction/education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vocational aptitude/interest assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Career awareness/work-based learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Independent living/mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Agency referral/application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

* If the identified agency fails to deliver transition activities outlined in the IEP, the IEP Team must reconvene to identify alternative strategies to meet the transition needs of the student.

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PART VII: PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Narrative Descriptions of Present Levels of Academic Achievement and Functional Performance (refer to IEP Instructions) Add pages as needed.

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PART VIII: ANNUAL GOALS, Part A (For students who are taught the WV CSOs)

* Denotes critical skill(s) to consider for extended school year.

Critical Skill	Timeframe	Condition	Behavior	Evaluation Procedure with Criteria	Mastery/Progress Codes (optional) (per Grade Period)

• **Progress**
 How and when will the student's progress toward the **IEP goals** be reported to the parent(s)? Specify.
 How? _____ When? _____
 Record dates on which Progress Reports have been provided to parents.

- **Mastery Code:** 0 = Regression 1 = Maintained 2 = Recouped
- **Student Progress Code:** P = Progress Sufficient A = Achieved
- IP = Insufficient Progress NA = Not Applicable

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PART VIII: ANNUAL GOALS, Part B (for use with students who are taught with WV Alternate Academic Achievement Standards and who will participate in the APTA)

Critical Skill	Timeframe	Condition	Behavior	Evaluation Procedure with Criteria	Mastery/Progress Codes (optional) (per Grade Period)

SHORT-TERM OBJECTIVES

* Denotes critical skill(s) to consider for extended school year.

Critical Skill	Timeframe	Condition	Behavior	Evaluation Procedure with Criteria	Mastery/Progress Codes (optional) (per Grade Period)

• **Progress**

How and when will the student's progress toward the **IEP goals** be reported to the parent(s)? Specify.

How? When?

Record dates on which Progress Reports have been provided to parents.

- **Mastery Code:** 0 = Regression 1 = Maintained 2 = Recouped
- **Student Progress Code:** P = Progress Sufficient A = Achieved
- IP = Insufficient Progress NA = Not Applicable

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PART IX: SERVICES

A. Supplementary Aids, Services/Program Modifications	Location of Services	Extent/Frequency _____ per _____	Initiation Date m/d/y	Duration m/y	
B. Special Education Services	Direct / Indirect (D or I)	Location of Services * General Education Environment = GEE * Special Education Environment = SEE * Other = _____	Extent/Frequency _____ per _____	Initiation Date m/d/y	Duration m/y
C. Related Services	Direct / Indirect (D or I)	Location of Services * General Education Environment = GEE * Special Education Environment = SEE * Other = _____	Extent/Frequency _____ per _____	Initiation Date m/d/y	Duration m/y

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PART X: PLACEMENT

Explain the extent, if any, to which the student will not participate in the general education classroom and/or extracurricular and other non-academic activities. Present levels of academic achievement and performance must explain why full participation is not possible.

Ages 6 – 21

Percentage of time in

____ General Education Environment

____ Special Education Environment

WVEIS LRE Code

- | | |
|---|---|
| <input type="checkbox"/> General Education: Full-Time (FT) 80% or more | 0 |
| <input type="checkbox"/> General Education: Part-Time (PT) 40% to 79% | 1 |
| <input type="checkbox"/> Special Education: Separate Class (SC) (general education less than 40%) | 2 |
| <input type="checkbox"/> Special Education: Special School (SS) Public or Private | 3 |
| <input type="checkbox"/> Special Education: Out-of-School Environment (OSE) | 5 |
| <input type="checkbox"/> Special Education: Residential Facility (RF) Public or Private | 6 |
| <input type="checkbox"/> Parentally placed in private school (Service Plan only) | 8 |
| <input type="checkbox"/> Correctional facility | 9 |

Ages 3 – 5

A. For students in a Regular Early Childhood Program (RECP) (at least 50% nondisabled)

____ = Hours per week of the RECP.

____ = Hours per week of special education and related services delivered in the RECP.

____ = Hours per week student receives special education and related services in some other location.

In a Regular Early Childhood Program at least 10 hours per week

WVEIS LRE Code

- | | |
|---|---|
| <input type="checkbox"/> Majority of hours of special education and related services in the RECP | W |
| <input type="checkbox"/> Majority of hours of special education and related services in some other location | X |

In Regular Early Childhood Program less than 10 hours per week

- | | |
|---|---|
| <input type="checkbox"/> Majority of hours of special education and related services in the RECP | Y |
| <input type="checkbox"/> Majority of hours of special education and related services in some other location | Z |

OR

B. For students not in a Regular Early Childhood Program

WVEIS LRE Code

- | | |
|---|---|
| <input type="checkbox"/> Separate special education class | M |
| <input type="checkbox"/> Separate school | N |
| <input type="checkbox"/> Residential facility | P |
| <input type="checkbox"/> Home | R |
| <input type="checkbox"/> Service provider location | S |

Least Restrictive Environment (LRE) Considerations: The IEP team has considered:

- Annual placement determination based on the IEP.
- Only schools and classroom settings appropriate to the student's chronological age.
- Education in a general classroom with the use of supplementary aids and services.
- Potentially harmful effects of the selected LRE placement on the student and the quality of the student's services.
- Education with age-appropriate non-exceptional peers.
- Placement as close to home as possible, in the school the student would normally attend if not exceptional, unless the IEP requires other arrangements.

Care Coordination will be provided through case management services.

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PART XI: Statewide Testing: (Please check all appropriate boxes)

Indicate the appropriate WV Measures of Academic Progress Assessment by checking standard conditions or standard conditions w/accommodations. If the district requires a District Wide Assessment, all selected WVMAP accommodations apply.

WESTEST 2 Grades 3-11 WESTEST 2 Online Writing Grades 3-11 A) Standard Conditions <input type="checkbox"/> B) Standard Conditions w/Accommodations <input type="checkbox"/>	Alternate Assessment (APTA) Grades 3-11 A) Standard Conditions <input type="checkbox"/> B) Standard Conditions w/Accommodations <input type="checkbox"/>
Justification for APTA: <hr/>	

WVEIS Code	Standard Conditions with Accommodations Check all that apply	Specify the test or the part of the test
WVEIS Codes: P – Presentation R – Response T – Timing		
<input type="checkbox"/> P02	Have test read aloud verbatim (except WESTEST 2 R/LA)	_____
<input type="checkbox"/> P03	Use braille or other tactile form of print	_____
<input type="checkbox"/> P06	Have test presented through sign language (except WESTEST 2 R/LA)	_____
<input type="checkbox"/> P13	Have test presented through text-talk converter (Online Writing* or VI if routine)	_____
<input type="checkbox"/> P15	Have directions only read aloud (acceptable for WESTEST 2 R/LA)	_____
<input type="checkbox"/> P16	Have directions presented through sign language (acceptable for WESTEST 2 R/LA)	_____
<input type="checkbox"/> P17	Use secure electronic braille note-taker (for directions & test stimulus materials)	_____
<input type="checkbox"/> P18	Have directions rephrased by trained examiner	_____
<input type="checkbox"/> P19	Use large print edition (when it is typical access)	_____
<input type="checkbox"/> P20	Use tactile graphics	_____
<input type="checkbox"/> P21	Use screen enlarging or screen reading software to access the computer (Online Writing*)	_____
<input type="checkbox"/> P22	Adjust screen resolution to enlarge text (VI; acceptable for Online Writing*)	_____
<input type="checkbox"/> P23	Use a magnifying screen cover (when it is the typical access; Online Writing*)	_____
<input type="checkbox"/> P24	Use electronic translator or sign-dictionary to present test (except WESTEST 2 R/LA)	_____
<input type="checkbox"/> P25	Use electronic translator or sign-dictionary to present <u>directions only</u>	_____
<input type="checkbox"/> P26	Have directions, passage and prompt read aloud (Online Writing*)	_____
<input type="checkbox"/> R02	Indicate responses to a scribe (for all selected multiple choice items)	_____
<input type="checkbox"/> R03	Use braille or other tactile form of print (when it is typical response mode)	_____
<input type="checkbox"/> R04	Indicate responses to a scribe, specify all elements to be scored (gridded/extended response including Online Writing*)	_____
<input type="checkbox"/> R05	Use an abacus (acceptable for the blind on all parts of WESTEST 2 Math and Science)	_____
<input type="checkbox"/> R11	Use computer, typewriter or other assistive technology device to respond	_____
<input type="checkbox"/> R13	Provide physical support (if routine) by teacher/aide who is a trained examiner	_____
<input type="checkbox"/> R16	Mark responses on large-print test booklet	_____
<input type="checkbox"/> R17	Use an electronic translator or sign-dictionary to respond	_____
<input type="checkbox"/> T03	Take more breaks (no studying)	_____
<input type="checkbox"/> T04	Use extra time for any test	_____
<input type="checkbox"/> T07	Flexible scheduling, extra time within the same day (no studying)	_____

* Online Writing refers to WESTEST 2 Online Writing

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Part XII: Prior Written Notice

As a result of:

___ an Individualized Education Program (IEP) Team meeting conducted on _____,
___ other _____,

the district is providing you with written notice of the district's ___proposal / ___refusal of the following action(s) with regard to:

- ___ the educational evaluation or reevaluation of the student.
- ___ the educational services and/or placement of the student.
- ___ the provision of a free appropriate public education (FAPE) to the student.
- ___ other _____.

Specifically, the district is ___proposing / ___refusing to ___ initiate / ___change _____

The following is an explanation as to why the district is ___proposing / ___refusing this action: _____

The evaluation procedure(s), assessment(s), record(s) or report(s) the district used as a basis for the ___proposed/ ___refused action are: _____

Other options considered include: _____

The reasons the above options were rejected are: _____

Other factors relevant to the district's ___proposal / ___refusal are: _____

Exceptional students and their parents have protections under the procedural safeguards. A copy of the Procedural Safeguards Brochure and assistance in understanding the provisions of the procedural safeguards may be obtained by contacting the Director of Special Education at _____, as appropriate, the local Parent Educator Resource Center at _____ and/or the West Virginia Department of Education, Office of Special Programs at 558-2696 or 1-800-642-8541.

Sincerely,

Signature/Position

Date

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PART XIII: CONSENT

Complete only for initial placement.

I give my consent to my child's initial special education placement:

Parent Signature _____

Date _____

Parent Signature _____

Date _____
