

- Check Purpose:
- Initial
 - Annual Review
 - Reevaluation
 - Addendum
 - Transition Part C to B

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Duration of Special Education and Related Services: From: _____ To: _____

Student: _____ DOB: _____

School: _____ Grade: _____

Primary Area of Eligibility* _____ Secondary Area(s) of Eligibility: (if applicable)
(*Reported on Child Count)

Student Profile

Student's overall strengths:

Summarize assessment information (e.g., from early intervention providers, child outcome measures, curriculum-based measures, state and district assessments results, etc.), and review of progress on current IEP/IFSP goals:

Parent's concerns, if any, for enhancing the student's education:

Parent's/Student's vision for student's future:

Consideration of Transitions

If a transition (e.g., new school, family circumstances, etc.) is anticipated during the life of this IEP/IFSP, what information is known about the student that will assist in facilitating a smooth process? N/A

The student is age 14 or older or will be during the duration of the IEP. Yes No

INDIVIDUALIZED EDUCATION PROGRAM (IEP)**Duration of Special Education and Related Services: From: _____ To: _____****Student: _____ DOB: _____****School: _____ Grade: _____****Consideration of Special Factors** (Note: If you check yes, you must address in the IEP.)

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 N/A

Does the student have any special communication needs? Yes No

Is the student deaf or hard of hearing? Yes No

The child's language and communication needs;

Opportunities for direct communications with peers and professional personnel in the child's language and communication mode;

Academic level;

Full range of needs, including opportunities for direct instruction in the child's language; and

Communication mode.

(Communication Plan Worksheet available at www.ncpublicschools.org/ec/policy/forms.)

Does the student require specially designed physical education? Yes No

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Duration of Special Education and Related Services: From: _____ To: _____

Student: _____ DOB: _____

School: _____ Grade: _____

Present Level(s) of Academic and Functional Performance

Include specific descriptions of what the student can and cannot do in relationship to this area. Include current academic and functional performance, behaviors, social/emotional development, other relevant information, and how the student's disability affects his/her involvement and progress in the general curriculum.

Annual Goal

Academic Goal

Functional Goal

Does the student require assistive technology devices and/or services? Yes No

If yes, describe needs:

(Address after determination of related services.) Is this goal integrated with related service(s)? Yes* No

*If yes, list the related service area(s) of integration:

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Duration of Special Education and Related Services: From: _____ To: _____

Student: _____ DOB: _____

School: _____ Grade: _____

Competency Goal

Required for areas (if any) where student participates in state assessments using modified achievement standards.

Select Subject Area: Language Arts Mathematics Science

List Competency Goal from the *NC Standard Course of Study*:

(Standard must match the student's assigned grade.)

Note: Selected Grade Standard Competency Goals listed are those identified for specially designed instruction. In addition to those listed, the student has access to grade level content standards through general education requirements.

Benchmarks or Short-Term Objectives (if applicable)

(Required for students participating in state alternate assessments aligned to alternate achievement standards)

Describe how progress toward the annual goal will be measured.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Duration of Special Education and Related Services: From: _____ To: _____

Student: _____ DOB: _____

School: _____ Grade: _____

Least Restrictive Environment

I. General Education Program Participation

In the space provided, list the general education classes, nonacademic services, and activities (i.e., lunch, recess, assemblies, media center, field trips, etc.) in which the student will participate and the supplemental aids, supports, modifications, and/or accommodations required (if applicable) to access the general curriculum and make progress toward meeting annual goals. Discussion and documentation must include any test accommodations required for state and/or district-wide assessment. If supplemental aids/services, modifications/accommodations and/or assistive technology will be provided in special education classes include in the table below.

GENERAL EDUCATION NONACADEMIC SERVICES & ACTIVITIES SPECIAL EDUCATION (if applicable)	SUPPLEMENTAL AIDS/SERVICES MODIFICATIONS/ACCOMMODATIONS ASSISTIVE TECHNOLOGY (if applicable)	IMPLEMENTATION SPECIFICATIONS (Example: Who? What? When? Where?)

If the student is in preschool, describe how the student is involved in the general education program. N/A

Specify the technical assistance, if any, that will be provided to the general education teacher(s) and/or other school personnel for implementation of the IEP. None

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student Name: _____

Duration From: _____ **To:** _____

II. North Carolina Testing Program

Select the appropriate state assessment(s) that will allow the student to demonstrate his/her knowledge. Accommodations listed on the IEP must be used routinely in classroom instruction and on similar classroom assessments. Select testing accommodations that correlate to instructional accommodations used routinely throughout the academic year. For specifics regarding accommodation use and availability for specific tests, refer to the *Testing Students with Disabilities* publication, available at <http://www.ncpublicschools.org/accountability/policies/tswd>.

IEP Teams are instructed to select, for each assessment, only those accommodations that do not invalidate the score.

Student will participate in the Standard Test Administration with No Accommodations Student will participate in the NCEXTEND1 with No Accommodations Student will participate in the NCEXTEND1 with Accommodations <i>If checked, complete IEP DEC4 (6a of 10)</i> NC Testing Program Approved Accommodations	Grades 3–8		Grades 5 & 8		Course Assessments			CTE	Tests of English Language Proficiency Grades K–12 W-APT™ ACCESS for ELLs®				
	EL A	Ma the mat ics	Sci enc e 1	Eng lish II 1	Alg ebr a I/ Inte grat ed I 1	Bio log y 1	Pos t-As ses sm ent 1	Re adi ng	Wri ting	List eni ng	Spe aki ng		
<u>MUST BE COMPLETED</u> Student will participate in:	General Assessment												
	NCEXTEND2 ²												
Braille Edition													
Large Print Edition (not for online assessments)													
One Test Item Per Page Edition (not for online assessments)													
Assistive Technology Devices: Specify													
Braille Writer/Slate and Stylus (Braille Paper)													
Crammer Abacus													
Dictation to a Scribe													
Interpreter/Transliterators Signs/Cues Test													
Magnification Devices													
Word-to-Word Bilingual (English/Native Language)													
Dictionary/Electronic Translator (LEP only) ³													
Student Marks Answers in Test Book (not for online assessments)													
Student Reads Test Aloud to Self													
Test Administrator Reads Test Aloud	Read Everything												
	Read by Student Request												
Other													
Computer Reads Test Aloud – Student Controlled (not for paper and pencil assessments)													
Multiple Testing Sessions	More Frequent Breaks (Every Min.)												
	Over Multiple Days (Number of Days)												
Other													
Scheduled Extended Time	Approximately _____ minutes												
	Other												
Testing in a Separate Room	Small Group												
	One-on-One												
Other (specify): ⁴													

¹ Dependent upon the platform used to provide the student the general assessment (online vs. paper and pencil), some accommodations may be non-applicable or unavailable.
² All NCEXTEND2 tests are designed to be administered online; therefore, some of the state-approved testing accommodations do not apply to these tests. If a paper and pencil version of the NCEXTEND2 test is needed as an accommodation, an *Accommodation Notification Form* (available from the school test coordinator) must be submitted to the LEA test coordinator.
³ Available only for students identified as **limited English proficient (LEP)** who scored below Level 5.0 Bridging on the reading subtest of the W-APT™ or ACCESS for ELLs®.
⁴ In order to be used on the state assessment this accommodation must be approved by the NCDPI. To request approval, an *Accommodation Notification Form* (available from the school test coordinator) must be submitted to the LEA test coordinator.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)**Duration of Special Education and Related Services: From: _____ To: _____****Student: _____ DOB: _____****School: _____ Grade: _____****II. A. EXPLORE/PLAN/ACT/WorkKeys**

	Accommodations:	Implementation Specifications:
9 TH Grade - Explore ¹		
10 th Grade – PLAN ¹		
11 th Grade – ACT ²		
12 th Grade – WorkKeys ¹		

¹ EXPLORE, PLAN, and WorkKeys accommodations must meet accommodations guidelines specified in the Supervisor's Manuals that correspond to each test.

² Accommodations for the ACT must be requested and reviewed by ACT via submission of an ACT-Approved Accommodations Application. ACT-approved accommodations result in scores that are college-reportable, while state-allowed accommodations result in scores that are not college-reportable but may be used for state accountability purposes.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Duration of Special Education and Related Services: From: _____ To: _____

Student: _____ **DOB:** _____

School: _____ **Grade:** _____

III. District-Wide Assessment Program

In the space provided, list the district-wide assessments, if any, and any accommodations or alternate assessments to be used by the student.

DISTRICT-WIDE ASSESSMENT(S)	ACCOMMODATION(S) OR ALTERNATE ASSESSMENT(S)	IMPLEMENTATION SPECIFICATIONS

IV. Alternate Assessment Justification

If the student is participating in any alternate assessment(s), explain why the regular testing program, with or without accommodations, is not appropriate and why the selected assessment is appropriate:

N/A

V. Specially Designed Instruction, Related Services, and Nonacademic Services and Activities

A. Anticipated Frequency, Duration, and Location of Specially Designed Instruction

Special Education: **Sessions Per:** **Reporting** **Session Length:** **Location:**

Week **Month** **Period** **Year**

1st Semester

2nd Semester

1st Semester

2nd Semester

1st Semester

2nd Semester

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Duration of Special Education and Related Services: From: _____ To: _____

Student: _____ **DOB:** _____

School: _____ **Grade:** _____

B. Anticipated Frequency and Location of Related Services

The IEP Team determined related services *are not required* to assist the student to benefit from special education.

The IEP Team determined the following related services are required to assist the student to benefit from special education.

Related Service(s):	Sessions Per:	Reporting	Session Length:	Location:
	Week Month	Year Period		

Support Description

Support Description

Support Description

Transportation is required as related service. Describe special transportation services:

C. Nonacademic Services and Activities (Refer to Section I: General Education Program Participation)

List the nonacademic services and activities in which the student *will not* participate with nondisabled peers. This time must be factored into the determination of continuum of alternative educational placement below.

Nonacademic Services and Activities:	Sessions Per:	Reporting Period	Session Length:
	Week Month Year		

VI. Continuum of Alternative Educational Placements

Check all alternative placements considered by the team and circle the decision reached.

Educational placement is determined by calculating the amount of time the student is with nondisabled peers. Regular Early Childhood Program (RECP) is at least 50% of children enrolled in a class are nondisabled and do not have an IEP. A Special Education Program (Separate) class includes less than 50% nondisabled children.

School Age:

Regular - 80% or more of the day with nondisabled peers
 Resource - 40% - 79% of the day with nondisabled peers
 Separate - 39% or less of the day with nondisabled peers
 Separate School
 Residential
 Home/Hospital

Preschool:

RECP at least 10 hours a week, services in RECP program
 RECP at least 10 hours a week, services in other location
 RECP less than 10 hours a week, services in RECP program
 RECP less than 10 hours a week, services in other location
 Separate, Special Education Class
 Separate School
 Separate, Residential Facility
 Home, or
 Service Provider Location

INDIVIDUALIZED EDUCATION PROGRAM (IEP)**Duration of Special Education and Related Services: From: _____ To: _____****Student: _____ DOB: _____****School: _____ Grade: _____****VII. Least Restrictive Environment Justification Statement**

If the student will be removed from nondisabled peers for any part of the day (general education classroom, nonacademic services and activities), explain **why** the services cannot be delivered with nondisabled peers with the use of supplemental aids and services.

N/A Student will not be removed from nondisabled peers.

VIII. Progress toward annual goals will be reported with the issuance of report cards unless otherwise specified below:**IX. Extended School Year Status** (*ESY worksheet available at www.ncpublicschools.org/ec/policy/forms.)*

Is not eligible for extended school year

Is eligible for extended school year

Eligibility is under consideration and will be determined by

X. Record of IEP Team Participation (*Note with an * any team member who used alternative means to participate.*)**A. IEP Team. The following were present and participated in the development and writing of the IEP.**

Name	Position	Date
	LEA Representative	
	<u>General Education Teacher</u>	
	<u>Special Education Teacher</u>	
	<u>Parent</u>	
	<u>Student</u>	

Copy given/sent to parent(s): by _____ on _____.

INDIVIDUALIZED EDUCATION PROGRAM (IEP) ADDENDUM

Duration of Special Education and Related Services: From: _____ To: _____

Student: _____ DOB: _____

School: _____ Grade: _____

X. Record of IEP Team Participation continued*(Note with an asterisk [*] any team member who used alternative means to participate.)*

- B. 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 _____.

Name	Position	Date
	LEA Representative	
	<u>General Education Teacher</u>	
	<u>Special Education Teacher</u>	
	<u>Parent</u>	
	<u>Student</u>	

XI. Amending the IEP

The IEP was amended due to a disciplinary change in placement. Yes No

A. IEP Addendum Team.

The following were present and participated in the development and writing of the addendum to the IEP.

Name	Position	Date
	LEA Representative	
	<u>General Education Teacher</u>	
	<u>Special Education Teacher</u>	
	<u>Parent</u>	
	<u>Student</u>	

B. Amending the IEP without holding a meeting after the annual IEP Team meeting for the school year.

The parent and LEA agreed that the IEP could be amended by _____ on _____ without holding a meeting.

Copies of the amendment were provided to individuals responsible for implementing changes to the IEP by _____ on _____

Indicate page(s) and section(s) where any amendment(s) were made:

A revised copy of the IEP with amendments incorporated was provided to parent(s) on _____ by _____.