School District Name: School District Address:					
					School District Contact
	Individualized E	ducation Pro	gram		
	IEP Dates: from	to			
Student Name:	DOB:	ID#:	Grade/Level:		
what concern(s)	does the parent and/or student want to s	ee addressed in this IEP to	ennance the student's education?		
	Student Strengths and Key int's educational strengths, interest areas What is the student's type of disabi g MCAS/district test results, achievement	significant personal attrib lity(ies), general education	utes and personal accomplishments? performance		

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.

IUIVIU	ualized Educatio	n Program	IEP Dates: from	to
Student Name:		DOB:	ID#:	
	Pres	ent Levels of E	ducational Performa	nce
		A: Gene	ral Curriculum	
Check a	all that apply.			
		General curriculum ar	ea(s) affected by this student's dis	ability(ies):
□ Engl	ish Language Arts	Consider the language, co	emposition, literature (including reading) a	nd media strands.
☐ Histo	ory and Social Sciences	Consider the history, geog	graphy, economic and civics and governm	nent strands.
□ Scie	nce and Technology	Consider the inquiry, dom strand.	ains of science, technology and science,	technology and human affairs
□ Math	nematics	Consider the number sens statistics and probability s	se, patterns, relations and functions, geon trands.	netry and measurement and
□ Othe	er Curriculum Areas	Specify:		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	rogress in the curriculum area(5) (
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ogress in the curriculum area(5) (
What type		ny, is necessary for the studer		
What type				
	e(s) of accommodation, if a	<i>ny</i> , is necessary for the studer		s?
What type	e(s) of accommodation, if a	ny, is necessary for the studer	nt to make effective progress?	5?
What type	e(s) of accommodation, if a	ny, is necessary for the studer	nt to make effective progress?	5?

Use multiple copies of this form as needed.				
			IEP 2	

Individualized Education Pro	ogram	EP Dates: from	to	
Student Name:		DOB:	ID#:	
Present Levels of Educational Performance				
	B: Other Educational N	eeds		
Check all that apply.	General Consideration	าร		
\square Adapted physical education	☐ Assistive tech devices/services	☐ Behavior		
$\hfill \square$ Braille needs (blind/visually impaired)	☐ Communication (all students)	☐ Communic	ation (deaf/hard of hearing students)	
☐ Extra curriculum activities	☐ Language needs (LEP students	s) \square Nonacader	nic activities	
☐ Social/emotional needs	☐ Travel training		pment related to vocational n or experience	
□ Other				
-	Age-Specific Consider	ations		
\square For children ages 3 to 5 — participation	in appropriate activities			
☐ For children ages 14 ⁺ (or younger if appr	opriate) — student's course of study			
☐ For children ages 16 (or younger if appro- objectives, other post school adult living		ol activities including con	nmunity experiences, employment	
What type(s) of accommodation, if any, is n	ecessary for the student to make effec	tive progress?		
What type(s) of specially designed instruction	on, <i>if any</i> , is necessary for the student	o make effective progres	s?	
Check the necessary instructional modification	tion(s) and describe how such modifica	ation(s) will be made.		
☐ Content:				
☐ Methodology/Delivery of Instruction	n:			
☐ Performance Criteria:				

	zed Education Program	IEP Dates: from	to
Student Name:		DOB:	ID#:
	Current Performance Leve	els/Measurable Annua	l Goals
Goal #	Specific Goal Focus:		
Current Perforn	nance Level: What can the student currently do?		
	nual Goal: What challenging, yet attainable, goal can ow that the student has reached this goal?	we expect the student to meet by the e	nd of this IEP period?
Denomina k	Objectives: What will the student need to do to		
		g complete and gcar.	
Goal #	Specific Goal Focus:	g complete and g can	
	Specific Goal	gean.	
	Specific Goal Focus:		
	Specific Goal Focus:		
Current Perfor	Specific Goal Focus:		end of this IEP period?
Current Perfor	Specific Goal Focus: rmance Level: What can the student currently do? nnual Goal: What challenging, yet attainable, goal ca		end of this IEP period?
Current Perfor	Specific Goal Focus: rmance Level: What can the student currently do? nnual Goal: What challenging, yet attainable, goal ca		end of this IEP period?
Current Perfor Measurable Ar How will we kn	Specific Goal Focus: rmance Level: What can the student currently do? nnual Goal: What challenging, yet attainable, goal ca	an we expect the student to meet by the	end of this IEP period?
Current Perfor Measurable Ar How will we kn	Specific Goal Focus: rmance Level: What can the student currently do? nnual Goal: What challenging, yet attainable, goal can ow that the student has reached this goal?	an we expect the student to meet by the	end of this IEP period?

Progress Reports are required to be sent to parents at least as often as parents are informed of their nondisabled children's progress. Each progress report must describe the student's progress toward meeting each annual goal.

Use multiple copies of this form as needed.

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individua	ilized Education Pr	ogram	TEP Dates: from	10	
Student Name:			DOB:	ID#:	
		Service D	-		
	Wha	t are the total service deliv	very needs of this studen	t?	
training/su	upports). Services should assist	am modifications and supports (in the student in reaching IEP goals, s and to allow the student to partic	, to be involved and progress in th	ne general curriculum	, to participate in
School Dist	rict Cycle: ☐ 5 day c	ycle □ 6 day cycle □	□ 10 day cycle □ oth	ner:	
Focus on Goal #	Type of Service	Type of Personnel	Frequency and Duration/Per Cycle	Start Date	End Date
				1	
Focus on Goal #	Type of Service	Type of Personnel	Frequency and Duration/Per Cycle	Start Date	End Date
Focus on Goal #	Type of Service	Type of Personnel	Frequency and Duration/Per Cycle	Start Date	End Date
				1	

Use multiple copies of this form as needed	Use multi	ple copies	of this form	as needed.
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IEP 5

Indivi	dualized Education Program	IEP Dates: from	to
Student Name:		DOB:	ID#:
	Nonparticipatio	n Justification	
Is the s	tudent removed from the general education classroom at	any time? (Refer to IEP 5-Serv	vice Delivery, Section C.)
□ No	☐ Yes If yes, why is removal considered critical to		,
only wh	04 Regulation 20 U.S.C. §612 (a) (5).550: " removal of children the nature or severity of the disability of a child is such that escannot be achieved satisfactorily." (Emphasis added.)		
	Schedule M	odification	
Shorte	r: Does this student require a shorter school day or shorter	er school year?	
□ No	\square Yes — shorter day \square Yes — shorter year	If yes, answer the questions	s below.
_	r: Does this student require a longer school day or a longer skills and / or substantial difficulty in relearning skills?	er school year to prevent substa	ntial loss of previously
□ No	☐ Yes — longer day ☐ Yes — longer year	If yes, answer the question	ns below.
	ill the student's schedule be modified? Why is this schedu ger day or year is recommended, how will the school dist	=	
	Transportation		
Does th ☐ No	ne student require transportation as a result of the disabili Regular transportation will be provided in the same ma	- ' '	students without disabilities
	If the child is placed away from the local school, transp		students without disabilities.
□ Yes	Special transportation will be provided in the following	manner:	
□ 162	☐ on a regular transportation vehicle with the following		d aquipment and
	precautions:	Thounications and/or specialize	а едиртентана
	☐ on a special transportation vehicle with the following precautions:	g modifications and/or specialize	ed equipment and

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

IEP 6

Individualized Educa	ation Program	IEP Dates: from	to
Student Name:		DOB:	ID#:
	State or District	-Wide Assessment	
Identify state or district-w	vide assessments planned dur	ing this IEP period:	
	er any state or district-wide assessme nt's assessment participation status b		
	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)	 Assessment participation: Student participates in alternate assessment in this content area. (See 2 below)
English Language Arts			
History and Social Sciences			
Mathematics			
Science and Technology			
Reading			
accommodations necessa	ntified by an X in the column 2 abory for participation in the on-demand on the accommodations that are	and testing. Any accommodations	used for assessment purposes
	entified by an X in column 3 above riate and how that content area w		

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.

When state model(s) for alternate assessment are adopted, the district may enter use of state model(s) for how content area(s) will be assessed.

Individualized Education Program	IEP Dates: from	to
Student Name:	DOB:	ID#:
Additional	Information	
☐ Include the following transition information: the anticipated needed linkages; the discussion of transfer of rights at least Chapter 688 Referral.		
☐ Document efforts to obtain participation if a parent and if s	tudent did not attend meeting or	provide input.
☐ Record other relevant IEP information not previously stated	1.	
Respons	se Section	
I certify that the goals in this IEP are those recommended provided.	ed by the Team and that the in	ndicated services will be
Signature and Role of LEA Representative		Date
It is important that the district knows your decision as soo least one (1) box and returning a signed copy to the district least the IER as developed.	t. Thank you.	your response by checking at
 □ I accept the IEP as developed. □ I reject the following portions of the IEP with the understar accepted and implemented immediately. Rejected portion 		o not reject will be considered
☐ I request a meeting to discuss the rejected IEP or rejected	ed portion(s).	
Signature of Parent, Guardian, Educational Surrogate Parent,	Student 18 and Over*	Date
*Required signature once a student reaches 18 unless there is	s a court appointed guardian.	
Parent Comment: I would like to make the following comment the proposed IEP will not be implemented unless the IEP is an		ade that suggest changes to

IEP 8