

_____ SCHOOL DISTRICT

Name of Student _____ WISEid _____ LEA's Student ID _____

I. INFORMATION ABOUT THE STUDENT

Information about the student, including strengths, effects of the disability/special factors, present level of academic achievement and functional performance, and any concerns must be considered when identifying the student's disability-related needs and developing goals and services to address those needs. Include strategies that have been effective in improving the student's academic achievement and functional performance and access to general education. Refer to [Forms Guide](#) for more information.

Parents are important members of the IEP team and are encouraged to share information throughout the process. The student should be included, whenever appropriate, and encouraged to provide input throughout the process.

A. Strengths

Describe the student's strengths that can be used to engage the student in learning (*including academics, cognitive learning, communication, independence and self-determination, physical/health, social and emotional learning*).

B. Current Academic Achievement and Functional Performance (*including academics, cognitive learning, communication, independence and self-determination, physical/health, social and emotional learning*)

Academic achievement generally refers to a student's performance in academic content areas (e.g., reading, math, written language, etc.). For preschool children, academic achievement generally refers to knowledge and skills such as early language development/communication, early literacy, cognition and general knowledge. Academic achievement statements must include information about student achievement and/or progress compared to age/grade-level standards. Sources of information may include state, district-wide, or classroom assessments, rubrics, screeners, recent evaluations, etc.

1. Describe the student's present level of academic achievement (including reading achievement). For preschool children, describe the child's acquisition and use of knowledge and skills (including early language/communication and early literacy).

Functional performance includes activities and nonacademic skills needed for independence, access to instruction and performance at school, in the home, in the community, for leisure time, and for post-secondary and lifelong learning (including reading). Some examples include activities of everyday living, school/work/play habits, health-enhancing physical activity and social and emotional skills. Functional performance statements must include information about student achievement and/or progress compared to age/grade-level expectations.

2. Describe the student's present level of functional performance). For preschool children, describe the child's positive social and emotional skills (including social relationships) and use of appropriate behaviors to meet their needs and the impact on early literacy.

C. Special Factors

Special Factors must be considered when developing the individualized education program. Consider the special factors when identifying the effects of disability, summarizing disability related needs, developing goals, and determining services in the Program Summary.

1. Does the student's behavior impede their learning or that of others?

Yes No

If yes, describe the student's behavioral needs:

Has a functional behavioral assessment (FBA) been conducted?

Not Applicable Yes (Date: _____) No

Document positive behavioral interventions, strategies, and supports, and other services in the Program Summary.

2. Is the student an English Learner (EL)?

Yes No

If yes, describe how this factor affects the student's needs related to this IEP:

3. In the case of a child who is blind or visually impaired, does the student need instruction in Braille or the use of Braille? (Attach Determining Braille Needs (ER-3) from the latest evaluation/reevaluation or any updated information.)

Not Applicable Yes No Cannot be determined at this time

If yes, describe needs, including Braille needs:

If no, explain why not:

4. Does the student have communication needs that could impede their learning?

Yes No

a. If yes, describe the communication needs (including speech and language needs):

b. If the student is deaf, hard of hearing, or deafblind, describe (a) the student's language and communication needs; (b) opportunities for direct communication with peers and professional personnel in the student's language and communication mode; and, (c) academic level and full range of needs including opportunities for direct instruction in the student's language and communicative mode:

5. Does the student need assistive technology services or devices?

Yes No

Consider any item, piece of equipment, product system, or service to increase, maintain, or improve the student's functional capabilities. In addition to other needs that require assistive technology, discuss if the student accesses, uses, and derives meaning from age or grade level standard printed text when considering accessible education materials (AEM) and the need for assistive technology.

If yes, describe the student's assistive technology needs:

Document necessary services or devices in the Program Summary.

D. Concerns of the Parent(s)/Family

1. Describe the concerns of the parent(s)/family for enhancing the education of the student. This may include concerns about reading achievement, early language/communication or early literacy skills, other academic areas, health-enhancing physical activity, social and emotional needs, sensory needs, behavior, the child's future and postsecondary transition, etc.:

2. Describe the concerns (if any) of the student for enhancing their education:

E. Effects of Disability

Effects of the disability identifies **how** the student's disability affects academic achievement and functional performance. The effects are what the IEP team observes when the student has difficulty accessing, engaging and making progress in the general education curriculum, instruction, and environments. This item must be addressed for all students, regardless of the disability category, including students identified as having a speech or language impairment.

1. Describe how the student's disability affects their access, involvement and progress in the general education curriculum, **including how the disability affects reading**. For preschool children, describe how the disability affects participation in age-appropriate activities, including language development, communication and/or early literacy. Consider special factors when identifying the effects of the disability on academic achievement and functional performance.

2. Does the student's disability adversely affect their progress toward meeting age/grade-level reading standards? For preschoolers, does the disability adversely affect progress toward the early learning standards for language development, communication and/or early literacy?
 Yes No

3. Is this a student with the most significant cognitive disability whose achievement will be aligned with **alternate** achievement standards? (*See DPI Model Form I-7-A-Participation Guidelines for Alternate Assessment for the definition of most significant cognitive disability.*)
 Yes No

F. Summary of Disability-Related Needs

A disability-related need:

1. Addresses the **effect** of the student’s disability on access, engagement, and progress in the general curriculum and environment;
2. Addresses the **root cause** why a student is not meeting age/grade level academic standards and functional expectations; and
3. Specifies what **skill/behavior** the student needs to develop/improve so the student can meet age/grade level standards and expectations.

If the IEP team determines the student has a disability-related need(s) that affects reading (academic and/or functional), the IEP must include a minimum of one goal to address this need(s). Each identified disability-related need must have at least one corresponding goal and/or service to address the need. A goal or service may address more than one need. Services include special education, related services, supplementary aids and services, or program modifications or supports for school personnel.

Based on a root cause analysis of the effects of the student’s disability, **list and number** the disability-related needs. Include reading needs, or early literacy needs, and needs due to special factors, if identified (e.g., decoding, identifying the main idea, basic math calculations, and word problems). Reference numbered needs in the measurable annual goal statements (*add rows, as needed*).

(The student needs to develop/improve skill...)

1	
2	
3	
4	
5	

II. FAMILY ENGAGEMENT

How will school staff engage parent(s)/families in the education of the student (e.g. sharing resources, communicating with parent(s)/families, building upon family strengths, connecting parent(s)/families to learning activities, etc.)?

III. MEASURABLE ANNUAL GOALS

Each goal must address at least one disability-related need.

Develop / revise one or more measurable annual academic or functional goal to:

- Address any lack of expected progress toward the annual goals, if appropriate;
- Address the unique needs of the student that result from the student's disability (*see section I.F. above*);
- enable the student to progress toward age/grade-level reading standards, or for preschoolers, early learning standards for language development, communication and early literacy;
- Enable the student to be involved in the general education curriculum i.e., the same curriculum as for nondisabled students;
- Enable the student to progress toward meeting age/grade-level academic standards; and
- Enable the student to be educated and participate with nondisabled students.

If the IEP team determines the student has a disability-related need that affects reading (academic or functional), the IEP must include a minimum of one goal to address this need. Refer to [Forms Guide](#) for more information.

A. Before developing annual goals, review the previous IEP goals and progress (*document review and student's progress on the I-5, Annual Review of IEP Goals*)

Previous IEP goals reviewed: Yes No Not Applicable

B. Goal # _____ (*The Goal # changes as goals are added. Complete 1 through 5 below for each goal.*)

1. Goal Statement:

a. Baseline (Student's current level of performance from which progress toward this goal will be measured):

b. Level of Attainment (Must relate to the baseline measurement and reflect progress):

2. Benchmarks or Short-Term Objectives (*Required for students with the most significant cognitive disability expected to participate in an assessment aligned with alternate academic achievement standards.*):

Not Applicable

3. Annual goal addresses disability-related need(s) # _____ of the student. (*Needs identified in Section I.F.*)

4. What procedures will be used for measuring the student's progress toward meeting the annual goal from baseline to level of attainment (i.e., what methods or procedures will be used to collect data needed to make ongoing decisions about student progress toward annual goal achievement and to report progress to parents)?

5. When will reports about the student's progress toward meeting the annual goal be provided to parent(s)? (*Document reviews and student's progress on the I-6, Interim Review of IEP Goals.*)

C. Related Services Needed to Benefit from Special Education

Transportation and such developmental, corrective, and other supportive services as are required to assist a student with a disability to benefit from special education. *For each related service, identify the corresponding annual goal(s). In some situations, there may not be a corresponding goal. In those situations it is acceptable to identify the disability-related need(s).*

None needed

Describe	Frequency	Amount	Location	Duration	Addresses Goal(s) #	Addresses Need(s) #
<input type="checkbox"/> Assistive Technology <i>Describe service or device:</i>						
<input type="checkbox"/> Audiology						
<input type="checkbox"/> Counseling						
<input type="checkbox"/> Educational Interpreting						
<input type="checkbox"/> Intervener <i>(For students meeting criteria under deafblind)</i>						
<input type="checkbox"/> Medical Services for Diagnosis and Evaluation						
<input type="checkbox"/> Occupational Therapy						
<input type="checkbox"/> Orientation and Mobility <i>(For students meeting criteria under blind and visually impaired or deafblind)</i>						
<input type="checkbox"/> Physical Therapy						
<input type="checkbox"/> Psychological Services						
<input type="checkbox"/> Recreation						
<input type="checkbox"/> Rehabilitation Counseling Services						
<input type="checkbox"/> School Health Services						
<input type="checkbox"/> School Nurse Services						
<input type="checkbox"/> School Social Work Services						
<input type="checkbox"/> Speech / Language						
<input type="checkbox"/> Transportation <i>Describe details:</i>						
<input type="checkbox"/> Other: specify						

D. Program Modifications or Supports for School Personnel

Services or activities for school personnel to meet the needs of the student. *Identify the goal(s) or need(s) addressed.*

None needed

Describe	Frequency	Amount	Location	Duration	Addresses Goal(s) #	Addresses Need(s) #

V. STUDENT PARTICIPATION

A. Participation in Regular Education Environment (*location, including regular education classrooms, extracurricular and nonacademic activities, and workplace settings*). **Ensure any supplementary aids and services needed for the student to participate in the regular education environment, including regular education classrooms, extracurricular and nonacademic activities, and workplace settings, are included in the Program Summary.** Refer to Placement Form (Form P-1 or P-2) and [Forms Guide](#) for more information.

The student will participate full-time with non-disabled peers **in the regular education environment**, or for preschoolers, with non-disabled peers in age-appropriate settings.

If you have indicated in the Program Summary a location other than regular education environment, or age-appropriate settings for preschoolers, you must check the box below and answer question 1.

The student will **not** participate full-time with non-disabled peers **in the regular education environment**, or for preschoolers, with non-disabled peers in age-appropriate settings. This includes students on a shortened day.

1. Describe the extent to which the student will **not** participate with non-disabled peers in the regular education environment, or age-appropriate settings in the case of a preschooler, including extracurricular and nonacademic activities:

B. Participation in Physical Education Not Applicable (If the student is in a grade-level where physical education is not offered **and** the student does not require adapted physical education as part of a free appropriate public education.)

General Physical Education

Adapted Physical Education

If the IEP team determines the student requires adapted physical education, there must be a corresponding disability-related need and goal, and this service must be included in the Program Summary with the appropriate frequency and amount.