# Individualized Education Program (IEP)

(USBE Rules III.I–III.K.; III.N.; and III.R.)

District/School: Date of Meeting:

Student Name: DOB: Grade:

## Present Levels of Academic Achievement and Functional Performance (PLAAFP)

* For school age students (5-year-old kindergarteners through 22 years old) describe ***how*** the student’s disability affects the student’s involvement and progress in the general education curriculum.
* For preschool students ages 3–5, describe ***how*** the disability affects the student’s participation in appropriate activities.

***NOTE:*** label each area such as Reading, Written Expression, Mathematics, Social Behavior, Transition, etc.

Area:

Present levels (including data):

Describe ***how*** the student’s disability affects student’s involvement and progress in the general education curriculum:

Area:

Present levels (including data):

Describe ***how*** the student’s disability affects student’s involvement and progress in the general education curriculum:

Area:

Present levels (including data):

Describe ***how*** the student’s disability affects student’s involvement and progress in the general education curriculum:

## The IEP Team Considered the Following Special Factors

* Language needs for the student with limited English proficiency (LEP).

No action needed Needs addressed in IEP

* Instruction in and the use of braille (including student’s future needs) for the student who has blindness or a visual impairment. *Prior to determining whether a student who is blind should use braille as the primary reading mode, the IEP team must be provided (through pertinent literature or discussions with competent braille users and educators, or both) with detailed information about the use and efficiency of braille as a reading medium in order to make an informed choice as to the student’s primary reading mode.*

No braille instruction needed Braille instruction addressed in IEP

* Communication needs of the student. If student has deafness or a hearing impairment, consider the language and communication needs, opportunities for direct communication with peers and professional personnel in the student’s language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student’s language and communication mode.

No communication needs Communication needs addressed in IEP

* Assistive technology devices and services for the student in school and on a case-by-case basis, in a student’s home or other setting.

No assistive technology needed Assistive technology addressed in IEP

* Positive behavioral interventions and supports, as well as other strategies for the student whose behavior impedes the student’s learning or that of others.

No strategies needed Strategies addressed in IEP; Team referred to the *USBE LRBI Technical Assistance Manual*

[ ]  The student has a significant cognitive disability and is receiving the student’s grade-level instruction in the Utah Core Standards through the support of Utah’s alternate achievement standards (i.e., Essential Elements).

## Measurable Annual Goal #

Description of benchmarks or short-term objectives (***NOTE:*** *if student participates in grade-level alternate achievement standards [i.e., Essential Elements], this is* ***required***):

Condition—when, where, how:

Observable social or academic behavior—what will student do:

Criteria—what the student is reasonably expected to accomplish:

### How Will the Student’s Progress Toward Goal # be Measured?

[ ]  Curriculum-based assessment [ ]  Behavior observations [ ]  Checklist [ ]  Test scores

[ ]  Other (specify):

### When Will the Parent(s) be Informed of Student’s Progress on Goal # ?

[ ]  Weekly [ ]  Every Trimester [ ]  Quarterly [ ]  Concurrent with the issuance of report cards

[ ]  Other (specify):

### Progress Reports on Annual Goal #

Date:

Data:

Date:

Data:

Date:

Data:

##  Measurable Annual Goal #

Description of benchmarks or short-term objectives (***NOTE:*** *if student participates in grade-level alternate achievement standards [i.e., Essential Elements], this is* ***required***):

Condition—when, where, how:

Observable social or academic behavior—what will student do:

Criteria— what the student is reasonably expected to accomplish:

### How Will the Student’s Progress Toward Goal # be Measured?

[ ]  Curriculum-based assessment [ ]  Behavior observations [ ]  Checklist [ ]  Test scores

[ ]  Other (specify):

### When Will the Parent(s) be Informed of Student’s Progress on Goal # ?

[ ]  Weekly [ ]  Every Trimester [ ]  Quarterly [ ]  Concurrent with the issuance of report cards

[ ]  Other (specify):

### Progress Reports on Annual Goal #

Date:

Data:

Date:

Data:

Date:

Data:

##  Measurable Annual Goal #

Description of benchmarks or short-term objectives (***NOTE:*** *if student participates in grade-level alternate achievement standards [i.e., Essential Elements], this is* ***required***):

Condition—when, where, how:

Observable social or academic behavior—what will student do:

Criteria— what the student is reasonably expected to accomplish:

### How Will the Student’s Progress Toward Goal # be Measured?

[ ]  Curriculum-based assessment [ ]  Behavior observations [ ]  Checklist [ ]  Test scores

[ ]  Other (specify):

### When Will the Parent(s) be Informed of Student’s Progress on Goal # ?

[ ]  Weekly [ ]  Every Trimester [ ]  Quarterly [ ]  Concurrent with the issuance of report cards

[ ]  Other (specify):

### Progress Reports on Annual Goal #

Date:

Data:

Date:

Data:

Date:

Data:

## Services Needed for Student to Advance Toward Annual Goals and to be Involved and Progress in the General Curriculum

* Services based on peer-reviewed research to the extent practicable.
* Medicaid-covered services are typically listed in the Related Services section, but may be listed in the Special Education Services section as outlined in the [Utah Medicaid School-Based Skills Development Services Provider Manual](https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/School-Based%20Skills%20Development/School-BasedSkillsDev7-20.pdf) (42 USC § 1396b.(c); 34 CFR § 447).

**Location:** G = general education class, S = special education class including resource, O = other.

**Frequency:** D = daily, W = weekly, M = monthly, O = other.

### Special Education Services (content of specialized instruction)

(e.g., reading comp., math calc., social skills)

**Service**

1.

**Location**

G S O:

**Amount of Time**

**Frequency**

D W M O:

2.

G S O:

D W M O:

3.

G S O:

D W M O:

4.

G S O:

D W M O:

5.

G S O:

D W M O:

## Related Services

(if required for student to benefit from special education)

**Service**

1.

**Location**

G S O:

**Amount of Time**

**Frequency**

D W M O:

2.

G S O:

D W M O:

3.

G S O:

D W M O:

4.

G S O:

D W M O:

Will transportation be provided as a related service? Yes No

## Program Modifications or Supports for School Personnel and/or Supplementary Aids and Services to Student or on Behalf of Student in Regular Education and/or Special Education Programs

**Accommodation, modification, support, supplementary aid, or serviceFrequency**

1.

D W M O:

2.

D W M O:

3.

D W M O:

4.

D W M O:

5.

D W M O:

6.

D W M O:

Projected date of initiation of these services, if other than date of IEP:

Anticipated duration of the services: One year from initiation date Other:

## Regular Curriculum, Extra-curricular, and Non-academic Activities

Except for special education class times and others noted above, the student will participate in the regular class, regular PE, extra-curricular and non-academic activities to the same extent as non-disabled students, or other exceptions (specify and explain):

## Participation in Statewide and Schoolwide Assessments (See Assessment Addendum)

The IEP team must determine how the student will participate in statewide and schoolwide assessments. If the IEP team determines that the student must take an alternate assessment to a regular state or district-wide assessment of student achievement, include a statement of why the student cannot participate in the regular assessment and why the particular alternate assessment selected is appropriate for the student.

## Extended School Year (ESY)

ESY services are special education or special education and related services that are provided to a student with a disability beyond the normal school year, in accordance with the student’s IEP, at no cost to the parent/adult student, and meets the standards of R277-751 and the ESY Technical Assistance Manual. These services are provided when the IEP team determines that the services are necessary for the provision of a free appropriate public education (FAPE) for the student. If the IEP team determines this student is eligible for ESY services, a Prior Written Notice of ESY services will be completed and provided to the parent or adult student.

Student requires ESY services, see ESY attachment Student does not require ESY services

Decision to be documented before end of current school year, ESY attachment will be added to the IEP at the time of the decision

## Annual Review of Placement

Initial placement (provide parent/adult student with Prior Written Notice and Consent for Initial Placement in Special Education) ***OR***

Maintain current placement ***OR***

Change current placement (provide parent/adult student with Prior Written Notice for Change of Placement in Special Education)

## Prior Written Notice

Parents and students who are adults must be provided prior written notice (PWN) in language understandable to the general public in their native language or other mode of communication before the LEA proposes or refuses to initiate or change the identification, evaluation, or educational placement of your student/you, or the provision of a free appropriate public education (FAPE) to your student/you (USBE Rules IV.C.).

The Procedural Safeguards under Part B of the Individuals with Disabilities Education Act (IDEA) afford you protection. If you do not have a copy, you may request one from the special education teacher. If you have any questions regarding this notice or the Procedural Safeguards, contact the principal/director or special education teacher.

**We are required to notify you that the school may seek reimbursement from Medicaid for medically related services provided to your child. This will in no way affect any entitlements you may have through Medicaid or other insurance providers (USBE Rules VIII.L.7.b.(5)).**

[ ]  Your native language or other mode of communication is **not** a written language.

**Therefore:**

[ ]  The notice was translated orally or by other means in your native language or other mode of communication on[date]: by[person]: **AND**

[ ]  You verified with the translator/interpreter that you understand the content of this notice.

Was a translator/interpreter provided to enable the parent(s)/student who is an adult to participate in the IEP meeting?

No, translator/interpreter not needed

Yes (translator/interpreter should sign below as a participant)

The IEP team proposes to implement this program, based on the student’s needs as documented in the Present Levels of Academic Achievement and Functional Performance and Special Factors sections of this document and representing the free appropriate public education the student will be provided.

The following action(s) was(were) proposed:

Actions were proposed for the following reasons (include data used as a basis for the action):

The following action(s) was(were) refused:

Actions were refused for the following reasons (include data used as a basis for the action):

The following options were considered and rejected for the following reasons:

Other factors that are relevant to this IEP proposal:

***NOTE:*** *Each teacher and service provider must be informed of his or her specific responsibilities related to implementation of this IEP, and the specific accommodations, modifications, and supports that must be provided for the student in accordance with the IEP.*

## Signatures Below Denote IEP Team Participation and Acknowledge Receipt of Copy

Parent/Student who is an Adult Date LEA Representative Date

Student who is a Minor Date Regular Education Teacher Date

Special Education Teacher Date Signature/Title Date

Signature/Title Date Signature/Title Date

**Note:** If signature of parent or student who is an adult is missing, then parent or student who is an adult:

Did not attend (document efforts to involve); **OR**

Participated via telephone, video conference, or other means; **AND**

[ ]  Copy of this document was mailed to parent/student who is an adult on[date]: