Individualized Education Program (IEP)

This file is a PDF of the model form for the Individualized Education Program (IEP).

This document **is not** designed to be completed electronically or edited. The main purpose of the PDF is to ensure stakeholders are able to review a properly formatted model form, regardless of access to Microsoft Word. The form may also be printed and filled out by hand as is, if desired.

Word documents that are "fillable" are also available for download on the Michigan Department of Education (MDE), Office of Special Education website at:

www.michigan.gov/mde/0,1607,7-140-6530_6598_36168-236252--,00.html

The model form can be found on the following pages of this document. This instruction sheet is not part of the model form.

IEP DATES			
IEP Team Meeting	**Initial IEP**	**Annual/Review IEP**	**Reevaluation IEP**
_____	Offer of a FAPE: _____ Implementation: _____	Offer of a FAPE: _____ Implementation: _____	Offer of a FAPE: _____ Implementation: _____

Individualized Education Program (IEP)

Section 1
Demographic Information

Student	Last:	First:	M:	Birth Date:	Gender:	Grade:	UIC:
Address:				City:		State:	Zip:
Phone:							
Resident District:				Operating District:			
County:				Attending Building:			
Parent	Last:	First:	M:	Relationship to Student:			
Native Language or Other Communication Mode:							
Address (if different):				City:		State:	Zip:
Home Phone:		Work Phone:			Pager/Cell:		
Email:							
Parent	Last:	First:	M:	Relationship to Student:			
Native Language or Other Communication Mode:							
Address (if different):				City:		State:	Zip:
Home Phone:		Work Phone:			Pager/Cell:		
Email:							

PURPOSE OF MEETING

Check one of the following: Check all others that apply:
 	
 ☐ Initial IEP   ☐ Change of Placement
 ☐ Annual/Review IEP   ☐ Suspension/Expulsion   ☐ Graduation   ☐ Other: _____
 ☐ Reevaluation IEP   ☐ Secondary Transition
                      ☐ Change of Eligibility
                      ☐ Other: _____

·· *OFFICE USE* ··

PARENT CONTACT
The parent/adult student was contacted to explain the purpose of the meeting and the roles and responsibilities of each participant via (check all that apply):   ☐ IEP Invitation   ☐ Letter   ☐ Phone   ☐ Other: _____   Results: _____

PARENTAL RIGHTS AND AGE OF MAJORITY

Check all that apply:

☐ **The student will be age 17** during this IEP and the student was informed of parental rights that he or she will receive at age 18.

☐ **The student has turned age 18** and the student and parent were informed of parental rights that were transferred to the student at age 18, including the right to invite a support person such as a parent, advocate, or friend.

☐ **The student has turned age 18** and there is a guardian established by court order. The guardian is: _____.

☐ **The student has turned age 18** and a legally designated representative has been appointed. The representative is: _____ as _____.

<div align="center">(e.g., power of attorney, trustee)</div>

IEP MEETING PARTICIPANTS IN ATTENDANCE

Check the box ☐ indicating the IEP participant(s) who can explain the instructional implications of evaluation results.

_____
Student (must invite at age 16 and older)

_____
Parent

_____
Parent

☐ Agency Providing Secondary Transition Services
   (consent on file)

☐ Other

_____
☐ District Representative/Designee

_____
☐ General Education Teacher

_____
☐ Special Education Teacher

_____
☐ Other

_____
☐ Other

Parent and District Agreement on Attendance Not Necessary

These members are absent; their curricular area/related services are not being modified or discussed in the meeting: _____
_____

Parent and District Agreement on Excusal Prior to Meeting

These members are absent and have submitted written input to the IEP team, including the parent, prior to the meeting: _____
_____

ELIGIBILITY FOR SPECIAL EDUCATION

☐ Eligible   ☐ Ineligible

Area of disability: _____

If the student is determined ineligible as a student with a specific learning disability (SLD), provide a statement of the basis for the determination of ineligibility:
_____

_____

If the student is determined eligible as a student with an SLD, check all that apply:

☐ Oral expression   ☐ Listening comprehension   ☐ Written expression   ☐ Basic reading skill

☐ Reading fluency skills   ☐ Reading comprehension   ☐ Mathematics calculation   ☐ Mathematics problem solving

Determination of eligibility was made in accordance with IDEA regulations at § 300.306(c)(1).

Section 2-A
Present Level of Academic Achievement and Functional Performance

FACTORS TO CONSIDER

General

The IEP team must consider each of the following:

The strengths of the student: _____

_____

_____

The concerns of the parent for enhancing the education of the student: _____

_____

_____

The results of the most recent evaluation(s) of the student: _____

_____

_____

Special Factors

The IEP team must consider the following for the student (check boxes to indicate consideration):

☐ The communication needs of the student.

☐ The need for assistive technology devices and services for the student.

The IEP team must consider the following for the student, as appropriate (check all that apply):

☐ The use of positive behavioral interventions and supports, and other strategies, to address behavior because the student has behavior that impedes his or her learning or the learning of others.

☐ The language needs of the student because the student has limited English proficiency.

☐ Braille instruction because the student is blind or visually impaired.

☐ The mode of language and communication because the student is deaf or hard of hearing.

Section 2-B: Option I
Present Level of Academic Achievement and Functional Performance

After reviewing the student's progress in the general education curriculum and any prior special education goals and objectives, describe how the student accesses or makes progress in the general education curriculum based on grade level content standards for the grade in which the student is enrolled or would be enrolled based on age.

	Report and describe baseline data such as curriculum-based assessments, student work, teacher observations, parent input, and other relevant data for each area of need.	Describe how the student's academic, developmental, and functional needs affect involvement and progress in the general education curriculum or participation in appropriate activities for preschool students.
ACADEMIC/PRE-ACADEMIC ACHIEVEMENT *Individual and/or district-wide assessments.*		
GENERAL EDUCATION CURRICULUM *Involvement and progress in the general education curriculum, or participation in age-appropriate activities for preschool students.*		
SECONDARY TRANSITION ASSESSMENTS *Age-appropriate assessment related to training, education, employment, and independent living skills.*		
COMMUNICATION/ SPEECH & LANGUAGE		
SOCIO-EMOTIONAL/ BEHAVIORAL		
PERCEPTION/MOTOR/ MOBILITY *Gross and fine motor coordination, balance, and limb/body mobility.*		
INDEPENDENT LIVING SKILLS *Skills for academic success and independent living.*		
MEDICAL *Health, vision, hearing, or other physical/medical issues.*		

Section 2-B: Option II
Present Level of Academic Achievement and Functional Performance

After reviewing the student's progress in the general education curriculum and any prior special education goals and objectives, describe the student's present level of academic achievement and functional performance.

Report and describe baseline data such as curriculum-based assessments, student work, teacher observations, parent input, and other relevant data for each area of need.

_____

_____

_____

_____

_____

_____

_____

_____

Describe how the student's academic, developmental, and functional needs affect involvement and progress in the general education curriculum or participation in appropriate activities for preschool students.

_____

_____

_____

_____

_____

_____

_____

_____

Describe how the student accesses or makes progress in the general education curriculum based on grade level content standards for the grade in which the student is enrolled or would be enrolled based on age.

_____

_____

_____

_____

_____

_____

_____

Section 2-B: Option III
Present Level of Academic Achievement and Functional Performance

After reviewing the student's progress in the general education curriculum and any prior special education goals and objectives, describe the student's present level of academic achievement and functional performance.

What is the identified area of need?
_____
_____

Report and describe baseline data such as curriculum-based assessments, student work, teacher observations, parent input, and other relevant data.
_____
_____
_____

For an area of academic need, what are the district's prioritized content expectations for the student's grade level?
_____
_____
_____

What predictive measure(s) does the district use to determine progress on these prioritized expectations?
_____
_____

What do we know about _____ graders' skills in _____?
               (grade level)   *(content area)*
_____
_____
_____
_____

How does the student's academic, developmental, and functional needs affect involvement and progress in the general education curriculum, specific to _____, or participation in appropriate activities for preschool students?   *(content area)*

_____
_____
_____
_____

Include a graph of individual student and peer group performance over time.

Section 3
Secondary Transition Considerations

Secondary transition services are required to be in effect when the student turns 16. IEP teams are recommended to consider secondary transition services at a younger age if appropriate. Secondary transition considerations must be updated annually thereafter.

DATA		
Data Source(s) Used	**Date Conducted**	**Name**
☐ Educational Development Plan (EDP)		
☐ Transition Assessment(s) (specify):		
☐ Student Interview (indicate the type of interview): ☐ Written ☐ Verbal		
☐ Other (specify):		

STUDENT'S PREFERENCE AND INTEREST
If the student did not attend the IEP team meeting, describe steps taken to ensure consideration of the student's preferences/interest:
Adult Living—As an adult, where do you want to live?
Career/Employment—As an adult, what kind of work do you want to do?
Community Participation—As an adult, what hobbies and activities do you want to do (e.g., arts, recreational activities, shopping, eating out, etc.)?
Postsecondary Education/Training—After high school, what additional education and training do you want?

APPROPRIATE MEASUREABLE POSTSECONDARY GOALS
Training:
Education:
Employment:
Independent Living (if appropriate):

PLANNING/COMMUNITY SECONDARY TRANSITION SERVICES
Needed Service Related to the Student's Strengths, Postsecondary Goals, and Present Level Identify the service needed in at least one of the six areas below. Include the coordinated activity/activities for the service. Identify the responsible agency/other for each activity for the needed service.

IEP Team Must Consider

Instruction   Expected completion date: _____

Service: _____

Activity: _____ Responsible agency/other: _____

Activity: _____ Responsible agency/other: _____

Activity: _____ Responsible agency/other: _____

☐ Considered, not needed (explain): _____

Community Experiences   Expected completion date: _____

Service: _____

Activity: _____ Responsible agency/other: _____

Activity: _____ Responsible agency/other: _____

Activity: _____ Responsible agency/other: _____

☐ Considered, not needed (explain): _____

| **Development of Employment** | Expected completion date: _____ |

Service: _____

Activity: _____ Responsible agency/other: _____

Activity: _____ Responsible agency/other: _____

Activity: _____ Responsible agency/other: _____

☐ Considered, not needed (explain): _____

| **Other Post-School Adult Living Objectives** | Expected completion date: _____ |

Service: _____

Activity: _____ Responsible agency/other: _____

Activity: _____ Responsible agency/other: _____

Activity: _____ Responsible agency/other: _____

☐ Considered, not needed (explain): _____

| **Acquisition of Daily Living Skills** | Expected completion date: _____ |

Service: _____

Activity: _____ Responsible agency/other: _____

Activity: _____ Responsible agency/other: _____

Activity: _____ Responsible agency/other: _____

☐ Considered, not needed (explain): _____

| **Functional Vocational Evaluation** | Expected completion date: _____ |

Service: _____

Activity: _____ Responsible agency/other: _____

Activity: _____ Responsible agency/other: _____

Activity: _____ Responsible agency/other: _____

☐ Considered, not needed (explain): _____

(Left margin label: Consider When Appropriate)

THE COURSE OF STUDY TRANSITION SERVICE

Indicate how the student's course of study aligns with the postsecondary goals (check one):

☐ Michigan Merit Curriculum (MMC) leading to a high school diploma.

  MMC modification using Personal Curriculum on file: ☐ Yes ☐ No

☐ Course of study leading to: _____

Anticipated graduation or completion date: _____

Section 4: Option I
Goals and Objectives/Benchmarks

Instructional Area—List the appropriate content area (e.g., strand/domain):

Michigan Content Expectations Upon Which Goal Will Be Based—List the appropriate GLCE, EGLCE, HSCE, EHSCE, or Early Childhood Standards of Quality for Pre-kindergarten:

Baseline Data

The student is currently _____ on the _____.
                                              (data)   *(assessment)*

Annual Goal

By _____, the student will _____ when/at _____ on _____.
        (date)   *(demonstrate skill)*   *(conditions criteria)*   *(assessment/evaluation)*

Short-Term Objective/Benchmark: _____

Performance Criteria: _____

Evaluation Procedure: _____

Evaluation Schedule: _____

Status Date: _____ Progress Toward Annual Goal: _____ Comments: _____	Status Date: _____ Progress Toward Annual Goal: _____ Comments: _____
Status Date: _____ Progress Toward Annual Goal: _____ Comments: _____	Status Date: _____ Progress Toward Annual Goal: _____ Comments: _____

Short-Term Objective/Benchmark: _____

Performance Criteria: _____

Evaluation Procedure: _____

Evaluation Schedule: _____

Status Date: _____ Progress Toward Annual Goal: _____ Comments: _____	Status Date: _____ Progress Toward Annual Goal: _____ Comments: _____
Status Date: _____ Progress Toward Annual Goal: _____ Comments: _____	Status Date: _____ Progress Toward Annual Goal: _____ Comments: _____

SCHEDULE FOR REPORTING PROGRESS

When:

Position(s) responsible for implementing goal activities (check all that apply):

☐ Special Education Teacher ☐ Teacher Consultant ☐ Speech and Language Provider

☐ School Social Worker ☐ Occupational Therapist ☐ Physical Therapist

☐ Other: _____

Position(s) responsible for reporting progress on goal: _____

Section 4: Option II
Goals and Objectives/Benchmarks

Instructional Area—List the appropriate content area (e.g., strand/domain):

Michigan Content Expectations Upon Which Goal Will Be Based—List the appropriate GLCE, EGLCE, HSCE, EHSCE, or Early Childhood Standards of Quality for Pre-kindergarten:

Baseline Data

The student is currently _____ on the _____.
  (data)   *(assessment)*

Annual Goal

By _____, the student will _____ when/at _____ on _____.
  (date)   *(demonstrate skill)*   *(conditions criteria)*   *(assessment/evaluation)*

SHORT-TERM OBJECTIVES/BENCHMARKS
By the end of the   *(#)* marking period of   *(school year)* the student will   *(criteria)* on   *(assessment/evaluation)*.
By the end of the   *(#)* marking period of   *(school year)* the student will   *(criteria)* on   *(assessment/evaluation)*.
By the end of the   *(#)* marking period of   *(school year)* the student will   *(criteria)* on   *(assessment/evaluation)*.
By the end of the   *(#)* marking period of   *(school year)* the student will   *(criteria)* on   *(assessment/evaluation)*.

SCHEDULE FOR REPORTING PROGRESS
When:

Insert Progress Monitoring Data

Progress Reporting		
Report Date:	**Progress:**	**Comments:**
Report Date:	**Progress:**	**Comments:**
Report Date:	**Progress:**	**Comments:**
Report Date:	**Progress:**	**Comments:**

Position(s) responsible for implementing goal activities (check all that apply):

☐ Special Education Teacher ☐ Teacher Consultant ☐ Speech and Language Provider

☐ School Social Worker ☐ Occupational Therapist ☐ Physical Therapist

☐ Other: _____

Position(s) responsible for reporting progress on goal: _____

Section 5
Supplementary Aids and Services

Supplementary aids and services are provided to enable the student:

- To advance appropriately toward attaining the annual goals.
- To be involved and progress in the general education curriculum and to participate in extra-curricular and other nonacademic activities.
- To be educated and participate in activities with other students with disabilities and nondisabled students.

Supplementary aids and services are needed at this time.		
Ongoing Instruction and Assessment Scheduling, Presentation, Response, etc.	**Time/Frequency/Condition**	**Location**
Curriculum Supports and Adjustments Directions, Grading, Handwriting, Assignments, Tests, Books, etc.	**Time/Frequency/Condition**	**Location**
Supports and Modifications to the Environment Classroom Environment, Health-Related Needs, Physical Needs, Assistive Technology, Behavioral, Training Needs, Social Interaction Supports for the Student, etc.	**Time/Frequency/Condition**	**Location**
Other Supports, Accommodations, and Modifications	**Time/Frequency/Condition**	**Location**
All aids and services identified will begin on the implementation date of the IEP and continue for the duration of the IEP.		

☐ Supplementary aids and services are not needed at this time.

Explain the extent, if any, to which the student will not participate with nondisabled students: _____
_____.

Section 6
Assessment—Participation and Provisions

GENERAL EDUCATION ASSESSMENTS	
Content Areas List the content area(s) in which the student will be administered the general education assessment.	**Accommodations** List the appropriate accommodation(s).

ALTERNATE ASSESSMENTS		
Content Area List the content area in which the student will be administered an alternate assessment.		
Need for Alternate Assessment State why the student cannot participate in the general education assessment.	**Assessment** State the alternate assessment that will be used and explain why it is appropriate.	**Accommodations** List the appropriate accommodation(s).
Content Area List the content area in which the student will be administered an alternate assessment.		
Need for Alternate Assessment State why the student cannot participate in the general education assessment.	**Assessment** State the alternate assessment that will be used and explain why it is appropriate.	**Accommodations** List the appropriate accommodation(s).
Content Area List the content area in which the student will be administered an alternate assessment.		
Need for Alternate Assessment State why the student cannot participate in the general education assessment.	**Assessment** State the alternate assessment that will be used and explain why it is appropriate.	**Accommodations** List the appropriate accommodation(s).
Content Area List the content area in which the student will be administered an alternate assessment.		
Need for Alternate Assessment State why the student cannot participate in the general education assessment.	**Assessment** State the alternate assessment that will be used and explain why it is appropriate.	**Accommodations** List the appropriate accommodation(s).

Section 7
Special Education Services and Programs

Related Service	Rule Number	Specific Amount of Time and Frequency	Location	Duration*

Does the student have needs that require placement with a teacher with a particular endorsement? ☐ Yes ☐ No

Program	Rule Number	Depart-mentalized	Specific Amount of Time and Frequency	Location	Duration*
		☐ Yes ☐ No			
		☐ Yes ☐ No			
		☐ Yes ☐ No			

* All programs and services listed above will begin on the implementation date of the IEP and continue for the duration of the IEP, unless otherwise indicated above in the column "Duration."

EXTENDED SCHOOL YEAR (ESY) SERVICES

Extended School Year (ESY) services were considered.

☐ It was determined that no ESY services are needed.
☐ Current annual goals address one or more skills that require ESY services.

Service	Specific Amount of Time and Frequency	Location	Duration

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INSTRUCTIONAL TIME

General Education Instruction (minutes/hours per week)	(+) Special Education Instruction (minutes/hours per week)	(=) Total (minutes/hours per week)
	+	=

EDUCATIONAL ENVIRONMENT

The district ensures that, to the maximum extent appropriate, the student will be educated with students who are nondisabled; and special classes, separate schools, or other removal of the student from the general education environment occurs only when the student's needs cannot be met satisfactorily in the general education setting with supplemental aids and services.

Participation in a Regular Early Childhood Program (students age 3-5)

☐ At least 10 hours per week and:
　☐ receives the majority of special education and related services IN a regular early childhood program.
　☐ receives the majority of special education and related services OUTSIDE of a regular early childhood program.

☐ Less than 10 hours per week and:
　☐ receives the majority of special education and related services IN a regular early childhood program.
　☐ receives the majority of special education and related services OUTSIDE of a regular early childhood program.

Participation in General Education (students age 6-26)

☐ 80% of the day or more   ☐ 79% to 40% of the day   ☐ less than 40% of the day   ☐ separate facility

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SPECIAL TRANSPORTATION

☐ Yes (specify): _____
☐ No