

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student Name: _____ Date: _____

Student #: _____ DOB: _____ Age: _____

Grade Level: _____ Gender: M F Ethnicity: _____

Parent(s)/Guardian(s): _____

Address: _____

Home Phone: _____ Work/Message Phone: _____

School: _____ School Phone: _____

School Address: _____

Most Recent Evaluation Report Date: _____ Next Evaluation Report Date: _____

IEP Purpose: _____ Next Annual IEP Date: _____

Based on assessment and evaluation information:

The **primary** exceptionality is: _____

Identified areas of need: Math Reading Written Language Behavior

Other: _____

The **secondary** exceptionality is: _____

Identified areas of need: Math Reading Written Language Behavior

Other: _____

STUDENT PROFILE

What do the parent and student envision as the student's future?

Employment: _____

Community Participation: _____

Recreation & Leisure: _____

Post-Secondary Training & Learning: _____

Daily/Independent Living: _____

Student/Family Vision Statement: _____

STUDENT PROFILE (continued)

Note: When completing this section the IEP team must consider and describe the following: the **student's strengths and concerns** as identified by the parent, student, teachers, related service staff, and other team members; results from district and statewide assessments; results from initial and most recent multi-disciplinary evaluations; results from any evaluations provided by the parents or guardians; and any extracurricular and non-academic areas that may be affected.

Domain	Strengths	Concerns / Recommendations
Academic: (input from the general and special education teachers)		
Recreation & Leisure: (extra-curricular and non-academic)		
Community Participation:		
Home/ Independent Living:		
Jobs and Job Training:		
Post-Secondary Training or Learning:		
Other Areas: (health considerations, communications, motor, emotional or behavioral, assistive devices needs, attendance)		

TRANSITION SERVICES

Course of Study (Required beginning by age 14, or sooner if appropriate)

School Year	Year	Courses Selected for High School Program
	Yr. 1	
	Yr. 2	
	Yr. 3	
	Yr. 4	
Ages 18-21		

The student's planned program of study meets the requirements for

Standard Pathway Career Readiness Pathway Ability Pathway

For the Career Readiness Pathway:

Explain why the Standard Pathway was rejected: _____

Note: The team is responsible for documenting progress on all five Career Readiness Standards on the IEP goals/objectives pages.

For the Ability Pathway:

Explain why the Standard and Career Readiness Pathways were rejected: _____

For all Pathways:

Projected date of graduation: _____

Is the student on target with graduation requirements? YES NO

If NO, what are the concerns (credits, NMHSCE, attendance or behavior concerns) and how will they be addressed? _____

For a Certificate, the IEP Team must agree:

- The student's program and instruction have been appropriate
- The student has maintained realistic efforts to meet IEP goals
- The student has successfully completed four or more years of high school
- The student can participate equitably in all graduation activities
- The student has a follow-up plan of action in the form of a transition IEP

Projected date of graduation for the student: _____

TRANSITION SERVICES/INTERAGENCY LINKAGE

Needed to Accomplish Desired Post-School Outcomes
(Required beginning at age 16, or sooner if appropriate)

Student Needs	Activities/Strategies	Agency/ Responsibility	Provider/ Payer
Instruction:			
Related Services:			
Community Experiences:			
Employment or Post-School Options:			
Independent Living:			
Functional Vocational Assessment:			

Will the student need involvement from any outside agency in order to make a successful transition?

YES NO If NO, explain: _____

PRESENT LEVELS OF PERFORMANCE
Educational and/or Behavioral

1) Area of Need: Math Reading Written Language Behavior

Other: _____

Present Level of Performance: _____

2) Area of Need: Math Reading Written Language Behavior

Other: _____

Present Level of Performance: _____

3) Area of Need: Math Reading Written Language Behavior

Other: _____

Present Level of Performance: _____

4) Area of Need: Math Reading Written Language Behavior

Other: _____

Present Level of Performance: _____

5) Area of Need: Math Reading Written Language Behavior

Other: _____

Present Level of Performance: _____

6) Area of Need: Math Reading Written Language Behavior

Other: _____

Present Level of Performance: _____

ANNUAL GOALS AND SHORT-TERM OBJECTIVES OR BENCHMARKS

Area of Need: Math Reading Written Language Behavior
 Other _____

Reference from New Mexico's Standards for Excellence: _____

ANNUAL GOAL: (include timeframe, conditions, behavior, criteria for mastery) **Date Initiated** _____

<input type="checkbox"/> OBJECTIVE <i>or</i> <input type="checkbox"/> BENCHMARK : _____
_____ ✓ if Transition Activity <input type="checkbox"/>
Criteria for Mastery: _____
Anticipated Date of Mastery: _____ Position/Agency Responsible: _____
Methods of Measurement: _____
Progress Documentation (Note date and progress for each progress period) _____

<input type="checkbox"/> OBJECTIVE <i>or</i> <input type="checkbox"/> BENCHMARK : _____
_____ ✓ if Transition Activity <input type="checkbox"/>
Criteria for Mastery: _____
Anticipated Date of Mastery: _____ Position/Agency Responsible: _____
Methods of Measurement: _____
Progress Documentation (Note date and progress for each progress period) _____

OBJECTIVE *or* BENCHMARK : _____

_____ ✓ if Transition Activity

Criteria for Mastery: _____
Anticipated Date of Mastery: _____ Position/Agency Responsible: _____
Methods of Measurement: _____
Progress Documentation (Note date and progress for each progress period) _____

OBJECTIVE *or* BENCHMARK : _____

_____ ✓ if Transition Activity

Criteria for Mastery: _____
Anticipated Date of Mastery: _____ Position/Agency Responsible: _____
Methods of Measurement: _____
Progress Documentation (Note date and progress for each progress period) _____

OBJECTIVE *or* BENCHMARK : _____

_____ ✓ if Transition Activity

Criteria for Mastery: _____
Anticipated Date of Mastery: _____ Position/Agency Responsible: _____
Methods of Measurement: _____
Progress Documentation (Note date and progress for each progress period) _____

CONSIDERATION OF SPECIAL FACTORS

Is the student visually impaired (including blindness)? YES NO

If YES, is: Instruction in Braille needed Use of Braille needed

Does the student have special oral and/or written communication needs? YES NO

If YES, describe the needs and services to be provided: _____

Is the student deaf or hard of hearing? YES NO

If YES, describe the needs and services to be provided: _____

Does the student have limited English proficiency? YES NO

If YES, describe the relationship of language needs to the IEP: _____

Does the student have assistive technology needs? YES NO

If YES, describe devices and/or services required: _____

Does the student exhibit behaviors that impede his or her learning or that of others? YES NO

If YES, the IEP team must consider the following questions, then decide which discipline method is most appropriate for the student.

1. What positive behavior interventions, accommodations, and/or annual goals with short-term objectives or benchmarks are included in the IEP?
2. Does a Functional Behavioral Assessment need to be conducted?
3. Does the student need a Behavioral Intervention Plan (BIP)?

DISCIPLINE

Which of the following discipline provisions is most appropriate for this student?

- The student will follow the school-wide discipline plan.
- The student requires the modifications described in this IEP under ANNUAL GOALS and/or INSTRUCTIONAL ACCOMMODATIONS.
- The student requires a Behavioral Intervention Plan. (Attach BIP to this IEP).

MEDICAL/SIGNIFICANT HEALTH INFORMATION

Medication: _____

Significant Health Information: _____

Does the student require an individualized health plan or school health services as a related service?

YES NO If YES, attach the plan to the IEP and/or indicate on the *Schedule of Services*.

Physical Education: Regular Regular, with accommodations Adapted

Mobility: Does the student require assistance to move in and around the school? YES NO

If YES, describe: _____

Transportation: Does the student require transportation as a related service? YES NO

If YES, what accommodations and supports are required for the student to be transported with non-disabled peers in the Least Restrictive Environment (LRE)? _____

If the student's transportation needs are extensive and he/she cannot be transported with non-disabled peers, explain why and identify the required accommodations and supports: _____

LEAST RESTRICTIVE ENVIRONMENT

Impact Statement:

How does the impairment/exceptionality impact the student's ability to be involved in and progress in the general curriculum without supports and services from special education? Use information provided by all IEP team members to **describe how the student's impairment/exceptionality impacts his or her** ability to be involved in and progress in the general curriculum:

Can the student be served 100% in regular classrooms, with supports? YES NO

If YES, describe the support needed on the SCHEDULE OF SERVICES.

If NO, explain why: _____

Can the student be served in some combination of regular classroom(s) and segregated classrooms?

YES NO If YES, describe the placement on the SCHEDULE OF SERVICES.

If NO, explain why: _____

Can the student be served in on-campus segregated classrooms? YES NO

If YES, describe the placement on the SCHEDULE OF SERVICES. If the placement is not in the neighborhood school, explain why and identify the neighborhood school: _____

If NO, explain why: _____

The student can only be served in an off-campus segregated setting.

Describe the placement: _____

Explain the reasons: _____

EXTENDED SCHOOL YEAR (ESY)

Does the student exhibit severe or substantial regression that cannot be recouped within a reasonable time period in one or more of the critical areas addressed in the goals and objectives?

YES NO If YES, documentation must be attached to the ESY ADDENDUM.

PARTICIPATION IN MANDATED DISTRICT AND STATE TESTING

Standardized Administration—No Accommodations

Standardized Administration—Category 1 Accommodations *Specify:* _____

Non-Standardized Administration—Category 2 Accommodations *Specify:* _____

Alternate Assessment—Attach ALTERNATE ASSESSMENT ADDENDUM/ supporting documents.

SCHEDULE OF SERVICES

If this IEP bridges parts of two school years, please complete this page twice, separating the services to be delivered in each school year.

Activities with students without disabilities	Regular Education Services
<input type="checkbox"/> Recess <input type="checkbox"/> Lunch/Breakfast <input type="checkbox"/> Music <input type="checkbox"/> Art <input type="checkbox"/> Library <input type="checkbox"/> PE <input type="checkbox"/> Assemblies <input type="checkbox"/> Vocational <input type="checkbox"/> Other	<p style="text-align: center;">Accommodations Needed</p> <input type="checkbox"/> Subject: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Subject: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Subject: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Subject: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Subject: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Subject: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO <p>If YES, complete INSTRUCTIONAL ACCOMMODATIONS section.</p>

Special Education & Related Services	Hours/Week*	Start Date	Ending Date	Service Provider	Location	
					Regular	Segregated
Time Totals						

Supplementary Aids and Services	Hours/Week*	Start Date	Ending Date	Service Provider	Location	
					Regular	Segregated

Supports for School Personnel	How Often	Start Date	Ending Date	Service Provider	Location

*If service is delivered on a basis other than weekly, identify the service and the service frequency:

_____ Parent Initials: _____

Are there any possible adverse effects/safety issues related to this placement? YES NO

Does the student have any special needs related to emergency evacuation? YES NO

If YES, what are they? _____

Evacuation / Remediation plan _____

LEVEL OF SERVICE

X = The total number of hours per week of special education service _____

Y = The total number of hours in a typical school week, (excluding lunch and recess) _____

Level of service = **X** divided by **Y** (express as percent) _____

10% or less of school day (Level 1-min) 11% - 49% of the school day (Level 2-mod)

50% of the day or more (Level 3-ext) Up to a full day or 3Y/4Y (Level 4-max)

Example: X = 6 hrs./wk Y = 30 hrs./wk. 6 divided by 30 = .2 (20%) = Level 2 (moderate)

SETTING

a = Total number of hours per week in segregated location _____

b = Total number of hours in a typical week (excluding, lunch and recess) _____

Setting = **a** divided by **b** (express as a percent) _____

Removed from regular class 20% or less of the day (Setting 1)

Removed from regular class 21%-60% of the day (Setting 2)

Removed from regular class 61% or more of the day (Setting 3)

Other settings (Specify)

Example: 1) 2 hrs./wk. 2) 30 hrs./wk. 2 divided by 30 = .06 (6%) = Setting 1

INSTRUCTIONAL ACCOMODATIONS OR MODIFICATIONS

The IEP team has determined that the identified accommodations and/or modifications are appropriate in the following areas: _____

Environment: _____

Instructional Presentation Mode: _____

Instructional Material: _____

Instructional Strategies: _____

Assignments/Homework: _____

Student Response Mode: _____

Testing: _____

Other: _____

Behavior Management: _____

Grades will be determined by _____

Grades will be based on _____

In case of a failing grade _____

IEP PROGRESS DOCUMENTATION

Inform parents of their child’s progress toward annual goals in the IEP and the extent to which that progress is sufficient to enable the child to achieve the goals by the end of the year. Progress must be reported at least as often as progress is reported to parents of non-disabled children.

How will the child’s parents be regularly informed of progress toward annual goals? _____

How often will progress be reported to parents?

mid-quarter quarterly semester other _____

MEETING PARTICIPANTS

Signature	Role	Date
	Student	
	Parent/Guardian	
	Parent/Guardian	
	LEA Representative	
	Special Education Teacher	
	Regular Education Teacher	
	Qualified evaluator of test results, if appropriate	

PARENT RIGHTS

I have had the opportunity to participate in the development of this Individualized Education Program (IEP) and the recommended placement and services for my child. The information was presented in an understandable manner. I have received a copy of “Parent and Child Rights in Special Education.”

(Parent Initials) _____

AGE OF MAJORITY

_____ will reach the age of majority (18 in New Mexico) on (date) _____

The student and parent/guardian were informed on (date) _____ of the student’s rights upon reaching the age of majority.

CASE MANAGER/IEP TEAM COORDINATOR

_____ is responsible for ensuring that everyone involved in implementing this IEP has access to necessary information and is informed of his/her specific responsibilities for providing the accommodations/modifications the student requires to benefit from his/her educational program.

PRIOR WRITTEN NOTICE OF PROPOSED ACTIONS

Federal and State Legislation require that the public agency provide the parent/guardian with notification a reasonable amount of time before actions occur that would initiate or change the identification, the evaluation, the educational placement, or the provision of a free appropriate public education for this student. If the student is under 18 the parent/guardian is provided a copy of this notice. If the student is 18 years of age or over and does not have a legal guardian, it is his/her right to accept or refuse these proposed actions.

An IEP meeting was held on _____ to discuss special education services for this student.
The following data were reviewed:

- | | |
|--|--|
| <input type="checkbox"/> Student input
<input type="checkbox"/> Parent input
<input type="checkbox"/> Teacher input
<input type="checkbox"/> Classroom performance
<input type="checkbox"/> Classroom observation
<input type="checkbox"/> School records
<input type="checkbox"/> Developmental screening
<input type="checkbox"/> Achievement test: (name/date) _____
<input type="checkbox"/> Speech/Language evaluation: (name/date) _____
<input type="checkbox"/> Occupational therapy evaluation: (name/date) _____
<input type="checkbox"/> Physical therapy evaluation: (name/date) _____
<input type="checkbox"/> Psychological evaluation: (name/date) _____
<input type="checkbox"/> Intellectual assessment: (name/date) _____
<input type="checkbox"/> Medical information: _____
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Developmental case history
<input type="checkbox"/> Hearing screening: (date) _____
<input type="checkbox"/> Vision screening: (date) _____
<input type="checkbox"/> Previous IEP/evaluation: (date) _____
<input type="checkbox"/> Language dominance
<input type="checkbox"/> Functional vision evaluation
<input type="checkbox"/> Counseling evaluation |
|--|--|

At this IEP meeting, the following proposals and/or options were suggested by the **public agency** and/or the **parent(s)/guardian(s)**.

All Items Proposed All Options Considered	Accept (√)	Reject (√)	Reason for Acceptance or Rejection

To the Parent/Guardian:

This IEP contains a proposal for:

- Initial Evaluation
 Initial Delivery of Services
 Re-evaluation

The above proposed-action(s) requires your consent. ***Do you give consent for the school district to proceed with the action(s) indicated?*** Yes No _____

(Parent Signature)

Have you received a copy of and understand your parent rights? Yes No If you did not receive a copy of your procedural safeguards, contact the following person in your school district:

Name: _____ Phone: _____

If you do not understand the content of this IEP and/or Prior Written Notice, or if you disagree with the proposed IEP recommendations, please contact

Name: _____ Phone: _____

For assistance in understanding your procedural safeguards/due process rights, you may contact:

School District Contacts	New Mexico State Department of Education	Parent Advocacy Support
	Special Education Office Phone: 505-827-6541 Fax: 505-827-6791	

If required, the content of this notice was translated in the parents’/student’s primary language or mode of communication on *(date)* _____ by *(name)* _____ using *(method: written, oral, sign language, etc.)* _____.