## LEA:

**Individual Education Program (IEP)**

**From:**  **To:**

 Annual Addendum


# Student Information

## Student: Birthdate: Grade:

(first) (middle) (last)

## State ID: Gender: Hispanic Ethnicity:

**Race: School:**

**District:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Primary Disability: Secondary Disability:** |  | **Re-evaluation of Eligibility Date:** |  |

**Medical Information:**

**Relationship to Student:**

Name: Address:

Home Phone:

# Current Descriptive Information

Describe the student's strengths

Describe the concerns of the parents regarding their student's education

Describe how the student's disability adversely impacts his/her access to participation in the general curriculum:

# Consideration of Special Factors for IEP Development

Does the student have limited English proficiency?

If yes, what is his/her primary mode of language?

Is the student blind or visually impaired?

If yes, does the student need instruction in Braille?

Does the student have communication needs No If yes, what are they?

Is the student deaf or hard of hearing?

If yes, did the IEP Team consider:

1. the student's language and communication needs;
2. opportunities for direct communications with peers and professional personnel in the student's language and communication mode;
3. necessary opportunities for direct instruction in the student's language and communication mode?

Is assistive technology necessary in order to implement the student's IEP?

If yes, what is needed?

Does the student's behavior impede his/her learning or that of others? If yes, the IEP Team has addressed the student's behavior in the following way(s):

Does the student demonstrate cognitive processing deficits that impact his/her classroom performance and warrant consideration in the development of the IEP (i.e. accommodation use)?



|  |  |  |
| --- | --- | --- |
| Functional Behavior Assessment |  Behavior Intervention Plan |  Accommodations |
| Goals and Objectives |  Other (write in) |  |

If you chose "Yes," please explain:

## Assessment Area:

**Present Levels of Performance**

Levels of functioning, should when applicable, include norm referenced and/or criterion referenced data, as well as descriptive information of the student's deficit areas.

## EXCEPTIONAL?

**Present Level of Performance: Impact of Mastery of Standards: Source of Information:**

SubTest: Date Administered: Score -

## Assessment Area:

**Present Level of Performance: Impact of Mastery of Standards: Source of Information:**

SubTest: Date Administered: Score -

## EXCEPTIONAL?

**Assessment Area:**

**Present Level of Performance: Impact of Mastery of Standards:**

**Source of Information:**

SubTest: Date Administered: Score -

## EXCEPTIONAL?

**Transition Services Planning (Age 14 or turning 14 during the IEP period)**

**Measurable Post Secondary Goals**

**Employment: Post-Secondary Education/Training:**

**Independent/Supported**

**Living:**

 **Community Involvement:**

**Grade 9 Course of Study: Grade 10 Course of Study: Grade 11 Course of Study: Grade 12 Course of Study:**

**Transition Services (Age 16 or turning 16 during the IEP period)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Anticipated Date****Range** | **Service Area***(Transition Area)* | **Activities/Strategies***(Transition Services)* | **Agency/Person****Responsible** |
|  |  |  |  |

**Documentation of other agency participation in planning and the person responsible for contacting agency(s) if a representative did not attend:**

## Was the student in attendance at the IEP Team Meeting?

**If the student was not in attendance, how were the student's preferences and interests considered?**

(Check all that apply.)

 Student interview Student survey Student portfolio Vocational Assessments Interest Inventory Other


## If you selected "Other", describe:

**Measurable Annual Goals and Benchmarks/ Short-term Instructional Objectives for IEP and Transition Activities**

**Area of Need: Personnel/Position Responsible:**

**Annual Goal:**

**Program Modifications/Supports for School Personnel:**

**Supplementary Aids/Services and Support for the child:**

**Area of Need: Personnel/Position Responsible:**

**Annual Goal:**

**Goal \_ of \_**

**Goal \_ of \_**

**Program Modifications/Supports for School Personnel:**

**Supplementary Aids/Services and Support for the child:**

**Program Participation**

**Area:**

·

## Accommodations Modifications

**Area:**

·

## Accommodations Modifications

**State/District Mandated Tests**

Student will participate in the following state/district mandated assessment(s):



|  |  |  |
| --- | --- | --- |
| Achievement | EOC |  Tennessee Alternate Assessment |
| WIDA Access ACT |  WIDA Access (Alternate) EXPLORE |  PLAN |

End of Course Tests

District Assessment:

 No Accommodations Accommodations


# Special Education and Related Services

**Direct Special Education**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type of Service** | **Provider Title** | **Sessions****Per** | **Time Per****Session** | **Hours Per Week** | **Beginning-Ending****Dates** | **Location of Services** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Related Service(s), including Instruction from Specialized Personnel**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type of Service** | **Provider Title** | **Sessions****Per** | **Time Per****Session** | **Hours Per Week** | **Beginning-Ending****Dates** | **Location of Services** |
|  |  |  |  |  |  |  |

|  |
| --- |
| **Total Special Ed Minutes by Date Range** |
| **Begin Date** | **End Date** | **Minutes per Week** |
|  |  |  |

## Note: Service Dates apply during the normal school year, not ESY, unless specified.

# LRE and General Education

Explain the extent, if any, in which the student **will not** participate with non-disabled peers in:

1. the regular class:
2. extracurricular and nonacademic activities:
3. and/or, his/her LEA Home School:

# Special Transportation

**Extended School Year**

On the IEP Team determined that Extended School Year (ESY) is / is not (circle) required.

## Basis for Determining ESY Eligibility:


# IEP Participants

The following individuals attended the IEP Team and participated in the development of this Individualized Education Program.

## Position Signature In Agreement Date



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent/Guardian |  |  Yes | No |  |
| Parent/Guardian |  |  Yes | No |  |
| LEA Representative |  |  Yes | No |  |
| Regular Education Teacher |  |  Yes | No |  |
| Special Education Teacher |  |  Yes | No |  |
| Interpreter of Evaluation Results |  |  Yes | No |  |
| Student |  |  Yes | No |  |

**Informed Parental Consent**



|  |  |  |
| --- | --- | --- |
| Yes |  No | I certify that I am the legal parent(s)/guardian(s)/surrogate(s) of this child. |
| Yes |  No | I have been informed of and understand my rights as a parent, and have received a copy of |
|  |  | the notice of procedural safeguards. |
| Yes |  No | I have been involved in the IEP Team meeting and/or the development of this IEP, and give |
|  |  | permission for the proposed program described in this IEP for my child. |
| Yes |  No | My child and I have been informed of his/her right to represent himself/herself upon his/her |
|  |  | eighteenth birthday. (Note: This information must be provided beginning at least one year |
|  |  | prior to the student's 18th birthday.) |

Please select one of the following options:



|  |  |  |
| --- | --- | --- |
| Yes |  No | A draft IEP was developed and a copy was provided at least 48 hours prior to my child's IEP |
|  |  | team meeting. |
| Yes |  No | A draft IEP was developed, but a copy was not provided at least 48 hours prior to my child's |
|  |  | IEP team meeting. |
| Yes |  No | A draft IEP was developed, but a copy was declined. |
| Yes |  No | A draft IEP was not developed prior to the IEP team meeting. |

Parent/Guardian/Surrogate Signature Date Student Signature Date

## Date IEP was given to parent(s):

**If the parent(s) did not attend, the person responsible for forwarding and explaining the contents of the IEP to the parents along with their rights is:**

**Documentation of IEP Review by Other Teachers not in Attendance:**

Signature Date Signature Date

Signature Date Signature Date

Signature Date Signature Date