School District Name:
School District Address:
School District Contact Person/Phone #:

# **Individualized Education Program**

IEP Dates: from

Student Name: DOB: ID#: Grade/Level:

#### Parent and/or Student Concerns

What concern(s) does the parent and/or student want to see addressed in this IEP to enhance the student's education?

## **NO CHANGE**

#### Student Strengths and Key Evaluation Results Summary

What are the student's educational strengths, interest areas, significant personal attributes and personal accomplishments?

What is the student's type of disability(ies), general education performance including MCAS/district test results, achievement towards goals and lack of expected progress, if any?

#### **ADDED:**

In developing each child's IEP, the IEP Team...shall consider...the academic, developmental, and functional needs of the child.

614(d)(3)(A)(i)(iii)(IV)

#### **IMPLEMENTATION GUIDANCE:**

- In addition to academic performance, the summary should be written from a whole student perspective, including the student's developmental and functional strengths.
- This summary should include a description of the student's strengths and needs in various nonacademic settings.

#### Vision Statement: What is the vision for this student?

Consider the next 1 to 5 year period when developing this statement. Beginning no later than age 14, the statement should be based on the student's preferences and interest, and should include desired outcomes in adult living, post-secondary and working environments.

## **CHANGED:**

Beginning age 14 or sooner if determined appropriate by an individualized education program team, school age children with disabilities shall be entitled to transition services and measurable postsecondary goals, as provided under the federal Individual Disabilities with Education Act, 20 USC sec. 1400, et sec.

M.G.L. c. 71B, § 2, as amended by Chapter 285 of the Acts of 2008

#### **IMPLEMENTATION GUIDANCE:**

With the passage of <u>Chapter 285</u> of the Acts of 2008, transition planning must now begin in Massachusetts when the student is 14 years of age. Therefore, Massachusetts now requires:

- > Beginning when the eligible student is 14, the school district must plan for the student's need for transition services and the school district must document this discussion annually using the <u>Transition Planning Form</u>.
- > The student must be invited to that Team meeting and to all subsequent meetings at which transition plans are discussed.
- > The existing requirements for the vision statement remain in place for all students.
- > Beginning when the eligible student turns 14, the vision statement must continue to reflect the student's preferences and interests, including desired outcomes in adult living, post-secondary and working environments.

\*\* See IEP 3, "Age Specific Considerations," for additional information.

Individualized Education Program		IEP Da	tes: from	to
Student Name:		1	DOB:	ID#:
Present Levels of Educational Performance				
A: General Curriculum				
Check all that apply.	General curricu	llum area(s) affected by this	student's disa	ability(ies):
☐ English Language Arts	Consider the langu	uage, composition, literature (inclu	iding reading) and	d media strands.
☐ History and Social Sciences	Consider the histo	ry, geography, economic and civic	cs and governme	nt strands.
☐ Science and Technology	Consider the inqui strand.	ry, domains of science, technolog	y and science, te	chnology and human affairs
☐ Mathematics	Consider the number statistics and probabilities	per sense, patterns, relations and ability strands.	functions, geome	etry and measurement and
Other Curriculum Areas	Specify:			
How does the disability(ies) affect prog	gress in the curriculu	um area(s)?		
NO CHANGE				
What type(s) of accommodation, if any	is necessary for th	e student to make effective progre	ess?	
a. 1, po (e) e accommodation, n'any	,,	o otagoni to mano onconto prog.t		
NO CHANGE				
What type(s) of specially designed inst	truction, <i>if any</i> , is ne	cessary for the student to make e	ffective progress?	?
ADDED:				
A statement of the special edu	cation and relate	ed services and supplement	tary aids and :	services [should be] based
on peer-reviewed research to t			•	
				614 (d)(1)(A)(i)(IV)
<ul> <li>IMPLEMENTATION GUIDANCE:</li> <li>Teams must continue to describe the specially designed instruction necessary for the student to be involved in and to make progress in the general education curriculum.</li> <li>Specially designed instruction should be selected based upon available relevant research when possible.</li> </ul>				
Charletha nassassassis is in	difficulties (-) - I		lba mac da	
Check the necessary instructional mod	nitication(s) and des	cribe now such modification(s) will	i be made.	
Content:	N	O CHANGE		
Methodology/Delivery of Instruction:				
Performance Criteria:				

Use multiple copies of this form as needed.

IEP 2

IEP Implementation Guide Revised: September, 2008

# Individualize

Student Name:

ed Education Program	IEP Dates: from	to	
	DOB:	ID#:	

Presen	t Levels of Education  B: Other Educational Ne	
Check all that apply.	General Considerations	
☐ Adapted physical education	☐ Assistive tech devices/services	Behavior
☐ Braille needs (blind/visually impaired)	☐ Communication (all students)	☐ Communication (deaf/hard of hearing students)
☐ Extra curriculum activities	☐ Language needs (LEP students)	☐ Nonacademic activities
☐ Social/emotional needs	☐ Travel training	Skill development related to vocational preparation or
C Other		experience
behavioral interventions and supports  IMPLEMENTATION GUIDANCE:	s, and other strategies, to addres	that of others, consider the use of positive s that behavior. 614 (d)(3)(B) sessment and developing a Behavior Intervention
Plan when a student's behav	ior is affecting progress.	
☐ For children ages 3 to 5 — participation in a	Age-Specific Considera	tions
☐ For children ages 14 <sup>+</sup> (or younger if approp	••••	
	•	ctivities including community experiences, employment
objectives, other post school adult living and, i		
	ansition services and measurable ucation Act, 20 USC sec. 1400, et	
	M.G.L. c. 71B, § 2,	, as amended by Chapter 285 of the Acts of 2008
IMPLEMENTATION GUIDANCE:		
<ul><li>appropriate goals on IEP 4.</li><li>The Department has created</li></ul>	a form for documenting the Teal Transition Planning Form, availabi	irectly to the vision statement on IEP 1 and m's transition discussion. For additional le at:
How does the disability(ies) affect progress in	the curriculum area(s)?	
NO CHANGE What type(s) of accommodations, if any, is ne NO CHANGE	cessary for the student to make effective	progress?
What type(s) of specially designed instruction.	, if any, is necessary for the student to ma	ake effective progress?
ADDED: A statement of the special education peer-reviewed research to the exten	The state of the s	mentary aids and services [should be] based on
peer-reviewed research to the exten	t practicable.	614 (d)(1)(A)(i)(IV)
IMPLEMENTATION GUIDANCE:		
and to make progress in the	general education curriculum.	uction necessary for the student to be involved in
Check the necessary instructional modification	•	available relevant research when possible.
Content:		·, · · · · · · · · · · · · · · · · · ·
☐ Methodology/Delivery of Instruction:	NO CHANGE	

Performance Cri	teria:		
	IE	EP 3	
Individualized I	Education Program	IEP Dates: from	to
Student Name:		DOB:	ID#:
Cı	ırrent Performance Level	s/Measurable Annual	Goals
There must be	e a direct correlation between the annual	goal(s) and the present level of educ	cational performance
Goal#	Specific Goal Focus:		
Current Performance Le	evel: What can the student currently do?		
<b>NO CHANGE</b>			
	al: What challenging, yet attainable, goal can wne student has reached this goal?	e expect the student to meet by the end	of this IEP period?
	a statement of measurable annual g	-	614(d)(1)(A)(i)(II)
_	d to training, education, employment	, and, where appropriate, independent	
In order for academic student no	TION GUIDANCE:  or the student to make progress in the and functional goals should continue eeds based upon the disability.	to be skill based, measurable an	d reflect individual
	when the eligible student is 14, the lute will help the student reach his/her p		
> See the Tra	ansition Planning Form for guidance r	related to transition services, goa	Is and courses of study.
Benchmark/Objective	ves: What will the student need to do to c	omplete this goal?	
NO CHANGE IN F	PRACTICE FOR MASSACHUSETTS		
NO CHANGE			
NO CHANGE			

Use multiple copies of this form as needed.

ndividu	alized Education Pro	ogram	TEP Dates: from	10	
Student Nar	me:		DOB:	ID#:	
		IEP 4	ļ		
NO CHAI	NGE	Service Delive	ery		
What are	the total service delivery	needs of this student?	•		
training/su	services, related services, prograi upports). Services should assist th	e student in reaching IEP goals, to	o be involved and progress in the	general curriculum,	to participate in
	curricular/nonacademic activities	·		nile working towards	IEP goals.
SCHOOL DIS	strict Cycle: 5 day cy	vcle  □ 6 day cycle  □ ation (Indirect Services to			
Facus on					Fred Data
Focus on Goal #	Type of Service	Type of Personnel	Frequency and Duration/Per Cycle	Start Date	End Date
	B. Creatial Education or	al Balatad Camilaga in Ca	novel Education Classes	n (Dinact Comics	-\
_		nd Related Services in Ge			
Focus on Goal #	Type of Service	Type of Personnel	Frequency and Duration/Per Cycle	Start Date	End Date
	C. Special Educ	cation and Related Service	s in Other Settings (Direct	Service)	
Focus on Goal #	Type of Service	Type of Personnel	Frequency and Duration/Per Cycle	Start Date	End Date

Use multiple copies of this form as needed.

Individualized Education Program	IEP Dates: from	to
Student Name:	DOB:	ID#:
NO CHANGE Nonparticipat	ion Justification	
Is the student removed from the general education classi		ervice Delivery, Section C.)
☐ No ☐ Yes If yes, why is removal considered cri	•	••
1274 127 2 material capa EEO/h\/a\. " removed of children with		
IDEA '97 Regulation §300.550(b)(2): " removal of children with nature or severity of the disability is such that education in regulachieved satisfactorily." (Emphasis added.)		
NO CHANGE Schedu	ule Modification	
Shorter: Does this student require a shorter school day of	or shorter school year?	
☐ No ☐ Yes — shorter day ☐ Yes — short	ter year If yes, answer the question	ns below.
Longer: Does this student require a longer school day or		antial loss of previously
learned skills and / or substantial difficulty in relearning sl  No Yes — longer day Yes — longer		na halaw
How will the student's schedule be modified?  If a longer day or year is recommended, how will the		
<b>5</b>		. •
-	ortation Services	
Does the student require transportation as a result of the		
No Regular transportation will be provided in the sa the child is placed away from the local school, to		r students without disabilities. If
☐ Yes Special transportation will be provided in the following	lowing manner:	
on a regular transportation vehicle with the fo	ollowing modifications and/or specialize	ed equipment and precautions:
on a special transportation vehicle with the fo	ollowing modifications and/or specializ	ed equipment and precautions:
After the team makes a transportation decision and after provide transportation and may be eligible for reimburser	ment under certain circumstances. Any	

Individualized Educa	_	IEP Dates: from DOB:	to ID#:		
State or District-Wide Assessment					
Identify state or district-wide assessments planned during this IEP period:					
	ar any state or district-wide assessment's assessment participation status by  1. Assessment participation: Student participates in on-demand testing under routine conditions in this content area.				
CONTENT AREAS	COLUMN 1	COLUMN 2	COLUMN 3		
English Language Arts					
History and Social Sciences					
Mathematics			<u> </u>		
Science and Technology					

• For each content area identified by an X in the column 2 above: note in the space below, the content area and describe the accommodations necessary for participation in the on-demand testing. Any accommodations used for assessment purposes should be closely modeled on the accommodations that are provided to the student as part of his/her instructional program.

#### **NO CHANGES IN PRACTICE FOR MASSACHUSETTS**

Reading

② For each content area identified by an X in column 3 above: note in the space below, the content area, why the on-demand assessment is not appropriate and how that content area will be alternately assessed. Make sure to include the learning standards that will be addressed in each content area, the recommended assessment method(s) and the recommended evaluation and reporting method(s) for the student's performance on the alternate assessment.

# NO CHANGES IN PRACTICE FOR MASSACHUSETTS

### **NOTE**

When state model(s) for alternate assessment are adopted, the district may enter use of state model(s) for how content area(s) will be assessed.

Individualized Education Program	IEP Dates: from	to
Student Name:	DOB:	ID#:
Additional In	formation	_
Include the following transition information: the anticipated graneeded linkages; the discussion of transfer of rights at least one year Chapter 688 Referral.		
☐ Document efforts to obtain participation if a parent and if studen	nt did not attend meeting or pro	ovide input;
☐ Record other relevant IEP information not previously stated.		
CHANGED: Beginning age 14 or sooner if determined appropriate by an individual disabilities shall be entitled to transition services and measurable produced in the individual Disabilities with Education Act, 20 USC sec. 1400, et sec.  M.G.L.  IMPLEMENTATION GUIDANCE:  Beginning when the eligible student is 14, see the Transition services, goals and courses of study.  The IEP will be written and implementation begun to developed that year.	postsecondary goals, as provident.  c. 71B, § 2, as amended by Chation Planning Form for guidance	napter 285 of the Acts of 2008  the related to transition
Response	Section	_
School Ass		
I certify that the goals in this IEP are those recom- services will be provided.		and that the indicated
Signature and Role of LEA Representative		Date
Parent Options /	Responses	
It is important that the district knows your decision as soon as at least one (1) box and returning a signed copy to the district		our response by checking
☐ I accept the IEP as developed. ☐ I reject th	e IEP as developed.	
☐ I reject the following portions of the IEP with the understanding accepted and implemented immediately. Rejected portions are		ot reject will be considered
☐ I request a meeting to discuss the rejected IEP or rejected pe	ortion(s).	
☐ I request a meeting to discuss the rejected IEP or rejected position.  Signature of Parent, Guardian, Educational Surrogate Parent, Studies.		Date
	dent 18 and Over*	Date
Signature of Parent, Guardian, Educational Surrogate Parent, Stud	dent 18 and Over*  ourt appointed guardian.  ut realize any comment(s) mad	
Signature of Parent, Guardian, Educational Surrogate Parent, Student Required signature once a student reaches 18 unless there is a comparent Comment: I would like to make the following comment(s) by	dent 18 and Over*  ourt appointed guardian.  ut realize any comment(s) mad	