INDIVIDUALIZED EDUCATION PROGRAM (IEP) Student's Name:		
INDIVIDUALIZED EDUCATION PROGRAM (IEP)		School Age
Student's Name:		EP team meeting is to occur no
IEP Team Meeting Date (mm/dd/yy):		han once per calendar year and
IEP Implementation Date (Projected Date when Service		iducted within 30 calendar days ne completion of an Evaluation
Anticipated Duration of Services and Programs:		eport/Reevaluation Report.
Date of Birth:		
Age:		
Grade:		1 / / N
Anticipated Year of Graduation:		
Local Education Agency (LEA):		V V •
County of Residence:		`
Name and Address of Parent/Guardian/Surrogate:	Phone (Home): Phone (Work):	
Other Information:		
The LEA and parent have agreed to make the following	changes to the IEP without convening an IEP mee	ting, as documented by:
Date of Revision(s)	Participants/Roles	IEP Section(s) Amended

Date of Revision(s)

Participants/Roles

IEP Section(s) Amended

If the team is in agreement, IEPs can be revised at any time with or without a meeting.

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Student's Name:

IEP TEAM/SIGNATURES

The Individualized Education Program team makes the decisions about the student's program and placement. The student's parent(s), the student's special education teacher, and a representative from the Local Education Agency are required members of this team. **Signature on this IEP documents** attendance, not agreement.

Role	Printed Name	Signature		
Parent/Guardian/Surrogate				
Parent/Guardian/Surrogate				
Student*	Attendance may include par	ticipation via phone. At		
Regular Education Teacher**	a minimum, the team should	put the names of those		
Special Education Teacher	who participate by phone in the "printed name" column and note how they participate in the "signature" column.			
Local Ed Agency Rep				
Career/Tech Ed Rep***	Signature	cotanni		
Community Agency Rep				
Teacher of the Gifted****				

- * The IEP team must invite the student if transition services are being planned or if the parents choose to have the student participate.
- ** If the student is, or may be, participating in the regular education environment
- *** As determined by the LEA as needed for transition services and other community services
- **** A teacher of the gifted is required when writing an IEP for a student with a disability who also is gifted.

One individual listed above must be able to interpret the instructional implications of any evaluation results.

W	ritten input received from the following members:

Transfer of Rights at Age of Majority

For purposes of education, the age of majority is reached in Pennsylvania when the individual reaches 21 years of age. Likewise, for purposes of the Individuals with Disabilities Education Act, the age of majority is reached for students with disabilities when they reach 21 years of age.

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PROCEDURAL SAFEGUARDS NOTICE

I have received a copy of the Proce	dural Safeguards Notice dur	rring this school year. The Procedural Safeguards Notice provides	
information about my rights, including the p	rocess for disagreeing with the IEP.	P. The school has informed me whom I may contact if I need more informa	ation.
Signature of Parent/Guardian/Surrogate:			

MEDICAL ASSISTANCE PROGRAM BILLING NOTICE

(Applicable only to parents who have consented to the release of billing information to Medical Assistance programs)

I understand that the school may charge the School-Based Access Program ("SBAP")—or any program that replaces or supplements the SBAP—the cost of certain special education and related services described in my child's IEP. To make these charges to the SBAP, the school will release to the administrator of that program the name, age, and address of my child, verification of Medicaid eligibility for my child, a copy of my child's IEP, a description of the services provided and the times and dates during which such services were provided to my child, and the identity of the provider of such services. I understand that such information will not be disclosed, and such charges will not be made, unless I consent to the disclosure. I acknowledge that I have provided written consent to disclose such information.

I understand that my consent is ongoing from year-to-year unless and until I withdraw it. I can withdraw my consent in writing, or orally if I am unable to write, at any time. My refusal to consent or my withdrawal of consent will not relieve the school of the obligation to provide, at no cost to me or my family, any service or program to which my child is entitled under the Individuals with Disabilities Education Act ("IDEA") or that is necessary to enable my child to receive a free appropriate public education as described in my child's IEP.

I understand that the school cannot—

Require me or my family to sign up for or enroll in any public benefits or insurance program, such as Medicaid, as a condition of receiving a free appropriate public education for my child;

Require me or my family to incur any expense for the provision of a free appropriate public education to my child, including co-payments and deductibles, unless it agrees to pay such expenses on my or my family's behalf;

Cause a decrease in available lifetime coverage or any other insured benefit;

Cause me or my family to pay for services that would otherwise be covered by a public benefits or insurance program and that are required for my child outside the time that he or she is in school;

Risk the loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.

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Student's Name:

I. SPECIAL CONSIDERATIONS THE IEP TEAM MUST CONSIDER BEFORE DEVELOPING THE IEP. ANY FACTORS CHECKED AS "YES" MUST BE ADDRESSED IN THE IEP.

Is the student blind of Yes No	r visually impaired? The IEP must include a description of the instruction in Braille and the use of Braille unless the IEP team determines, after an evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the student's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is not appropriate for the student.
Is the student deaf or Yes	
Tes	The IEP must include a communication plan to address the following: language and communication needs; opportunities for direct communications with peers and professional personnel in the student's language and communication mode; academic level; full range of needs, including opportunities for direct instruction in the stude and assistive technology devices and services. It is not in which see the IEP communication Plan must be completed and the total way.
No No	If the "deaf or hard of hearing" and/or the "exhibit behaviors
	ve communication needs? that impede" boxes are
Yes	Student needs must be addressed in the IEP (i.e., personal content of the student needs must be addressed in the IEP (i.e., personal content of the student needs must be addressed in the IEP (i.e., personal content of the student needs must be addressed in the IEP (i.e., personal content of the student needs must be addressed in the IEP (i.e., personal content of the student needs must be addressed in the IEP (i.e., personal content of the student needs must be addressed in the IEP (i.e., personal content of the student needs must be addressed in the IEP (i.e., personal content of the student needs must be addressed in the IEP (i.e., personal content of the student needs must be addressed in the IEP (i.e., personal content of the student needs must be addressed in the IEP (i.e., personal content of the student needs must be addressed in the IEP (i.e., personal content of the student needs must be addressed in the IEP (i.e., personal content of the student needs must be addressed in the IEP (i.e., personal content of the student needs must be addressed in the IEP (i.e., personal content of the IEP (i.e., personal conten
No	this IEP.
	ed assistive technology devices and/or services?
Yes	Student needs must be addressed in the IEP (i.e., present) as, sp design fruction, al goals, etc.)
No	
Does the student hav	ve limited English proficiency?
Yes	The IEP team must address the student's language needs and how those needs relate to the IEP.
No No	
Does the student exh	ibit behaviors that impede his/her learning or that of others?
Yes	The IEP team must develop a <u>Positive Behavior Support Plan</u> that is based on a functional assessment of behavior and that utilizes positive behavior techniques. Results of the functional assessment of behavior may be listed in the Present Levels section of the IEP with a clear measurable plan to address the behavior in the Goals and Specially Designed Instruction sections of the IEP or in the Positive Behavior Support Plan if this is a separate document that is attached to the IEP. A Positive Behavior Support Plan and a Functional Behavioral Assessment form are available at www.pattan.net

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INDIVIDUALIZED EDUCATION PROGRAM (IEP) Student's Name:	
☐ No	Every teacher has their own person writing "style" and how they organ
Other (specify):	information. However, the content the IEP should include relevant information under each of the following headings.
II. PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIO	NAL PERFORMANCE

Include the following information related to the student:

• Present levels of <u>academic achievement</u> (e.g., most recent evaluation of the student, results assessments, transition assessments, progress toward current goals)

Suggested information to include regarding Reading, Math, Written Expression and other curricular areas:

Instructional level; mastered skills; classroom strategies/interventions; modifications made in general curriculum; progress on IEP goals; reference assessments such as cognitive functioning/IQ, achievement testing, state assessments (PSSAs; Keystones; PASA), local assessments and report card grades.

• Present levels of <u>functional performance</u> (e.g., results from a functional behavioral assessment, results of ecological assessments, progress toward current goals)

Suggested topics that could be addressed in this section (current functioning data & progress on previous IEP goals):
School Functioning Skills - work completion; class participation; time on task; ability to work independently; following directions
Executive Functioning Skills - organization, working memory; rates of acquisition and retention; problem solving; planning
Activities of Daily Living - community based instruction; basic consumer skills; travel instruction; hygiene; grooming; dressing; eating
Behavior/Social/Emotional Skills - social skills; frustration tolerance; impulsivity; frequency, duration and intensity of behaviors

Related Services - occupational therapy; speech/language therapy; physical therapy; social work Miscellaneous Topics - assistive technology; justification of one-on-one paraprofessional support

• Present levels related to current <u>postsecondary transition</u> goals if the student's age is 14 or younger if determined appropriate by the IEP team (e.g., results of formative assessments, curriculum-based assessments, progress toward current goals)

Transition assessments and summary of information regarding goals (independent living, employment and post secondary education) as well as information regarding previous transition grid activities/services completed.

• Parental concerns for enhancing the education of the student

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Student's Name:

Multiple attempts will be made by the IEP team to gather input from parents. Typically these are made through a written "parent input form", email communication, phone calls and/or summarization of previous discussions regarding parental concerns. Since a "draft" IEP is presented at the meeting, a parent may wish to give input at the meeting to be included in the document.

- · How the student's disability affects involvement and progress in the general education curriculum
- Strengths
- Academic, developmental, and functional needs related to student's isability



III. TRANSITION SERVICES - This is required for students age 14 or younger addressing determined appropriate by the IEP team. If the student does not attend the IEP meeting, the school must take other steps to ensure that the student's preferences and interests are considered. Transition services are a coordinated set of activities for a student with a disability that is designed to be within a results oriented process, that is focused on improving the academic and functional achievement of the student with a disability to facilitate the student's movement from school to post school activities, including postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation that is based on the individual student's needs taking into account the student's strengths, preferences, and interests.

POST SCHOOL GOALS - Based on age appropriate assessment, define and project the appropriate measurable postsecondary goals that address education and training, employment, and as needed, independent living. Under each area, list the services/activities and courses of study that support that goal. Include for each service/activity the location, frequency, projected beginning date, anticipated duration, and person/agency responsible.

For students in Career and Technology Centers, CIP Code:

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Postsecondary Education and Traini	ng Goal:				Measurable Annual Goal Yes/No (Document in Section V)
Courses of Study:					
Service/Activity	Location	Frequency	Projected Beginning Date	Anticipated Duration	Person(s)/Agency Responsible
Employment Goal:					Measurable Annual Goal Yes/No (Document in Section V)
Courses of Study: Service/Activity	WI Th	is section gets addre hen the student turn en, this portion begii and helps shape wh gramming will look li	s 14 years of age. ns to drive the IEP at educational	-nticipated	Person(s)/Agency Responsible
Independent Living Goal, if appropr		1			Measurable Annual Goal Yes/No (Document in Section V)
Courses of Study:		-V -			(bocument in section v)
Service/Activity	Location	Frequency	Projected Beginning Date	Anticipated Duration	Person(s)/Agency Responsible

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Student's Name:

IV. PARTICIPATION IN STATE AND LOCAL ASSESSMENTS

Instructions for IEP Teams:

Please select the appropriate assessment option. Information on available testing accommodations may be found in the Accommodations Guidelines available on www.education.state.pa.us.

State Assessments

Not Assessed

No statewide assessment is administered at this student's grade level.
No English proficiency assessment administered because the student is not an English Language Learner.

PSSA (<u>Math administered in grades 3-8; Science administered in grades 4 and 8;</u> Reading administered in grades 3-8; Writing administered in grades 5 and 8; and ELA*)

	Without	With	
Tested Subject	Accommodations	Accommodations	Accommodations to be Provided
Math			
Science			
Reading			
Writing			
ELA*			

^{*}ELA will replace the Reading and Writing PSSAs in 2014-15 for grades 3-8.

Keystone Exam (Replaces the 11th grade PSSA in high school; Student must participate by 11th grade)

negotone znam (<u>i</u>	teptaces and in	51 446 1 887 1 111 1111	gir seriest, stadent mast participate by it grade,
	Without	With	
Tested Subject	Accommodations	Accommodations	Accommodations to be Provided
Algebra 1			
Literature			
Biology			

Keystone Project Based Assessment (<u>Available when student is unable to demonstrate proficiency on a Keystone Exam or Keystone Exam module.</u>)

	Without	With	
Tested Subject	Accommodations	Accommodations	Accommodations to be Provided
Algebra 1			
Literature			
Biology			

INDIVIDUALIZED EDUCATION PROGRAM (IEP) Student's Name:

	Without	With		<u> </u>
Tested Subject	Accommodatio	ns Accommodati	ons	Accommodations to be Provided
Algebra 1				
Literature				
Biology				
ASA (Administ	ered in grades	3-8, 11 for Rea	ding and Math; (Grades 4, 8, 11 for Science)
	vill participate in		-	
				A or the Keystone Exam for Reading/Literature, M Algebra 1, ram will be available for the 1016-17 school year.
	Explain why t	he PASA is appropria	te:	The Pennsylvania Department of Education
				has identified 6 criteria for IEP teams to
				consider when determining eligibility for
	Choose how the	student's performan	ce on the PASA will	be doe the PASA. (ex. does student have
	Videotape	(preferred method)		significant cognitive disabilities; does
				student require intensive instruction?)
CCESS for ELLs	Written na guidance) (Administered in	rrative notes (requir	es prior approval	ALICE WILLIAM
Domains	Without	With	Unable to	Accommodations to be ovided or Rationale for Inability to
A	ccommodations	Accommodations	Participate	Participale in Selected Domains
Listening				·
Reading				
reauling				
Writing				
A _istening				

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INDIVIDUALIZED EDUCATION PROGRAM (IEP) Student's Name: Explain why the Alternate ACCESS for ELLs is appropriate: Without With Unable to Accommodations to be Provided or Rationale for Inability to **Domains** Accommodations Accommodations Participate in Selected Domains Participate Listening Reading Writing Speaking **Local Assessments** Local assessment is not administered at this student's grade level; OR Student will participate in local assessments without accommodations; OR Student will participate in local assessments with the following accommodations; On Local assessments are specific to each individual school district. Talk to your IEP team if you have questions about what assessments they administer and how the results are used. The student will take a local alternate assessment. Explain why the student cannot participate in the local regular assessment: Explain why the local alternate assessment is appropriate:

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Student's Name:

V. GOALS AND OBJECTIVES - Include, as appropriate, academic and functional goals. Use as many copies of this page as needed to plan appropriately. Specially designed instruction may be listed with each goal/objective or listed in Section VI.

Short term learning outcomes are required for students who are gifted. The short term learning outcomes related to the student's gifted program may be listed under Goals or Short Term Objectives.

MEASURABLE ANNUAL GOAL Include: Condition, Name, Behavior, and Criteria (Refer to Annotated IEP for description of these components)	Describe HOW the student's progress toward meeting this goal will be measured	Describe WHEN periodic reports on progress will be provided to parents	Report of Progress
Most IEPs ha	ve 3-5 goals from the prior	itized "needs" list in Present	t Ed Levels
<u>Condition</u> - s	, ,	aterial under which the behaving	ior is to be
	•	action that is observable	
<u>Criteria</u> -	number of times, how freque demonstrate	ently, and the level the stude for mastery.	nt must

SHORT TERM OBJECTIVES - Required for students with disabilities who take alternate assessments aligned to alternate achievement standards (PASA).

hort term objectives / Benchmarks	

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Student's Name:

VI. SPECIAL EDUCATION / RELATED SERVICES / SUPPLEMENTARY AIDS AND SERVICES / PROGRAM MODIFICATIONS - Include, as appropriate, for nonacademic and extracurricular services and activities.

A. PROGRAM MODIFICATIONS AND SPECIALLY DESIGNED INSTRUCTION (SDI)

- SDI may be listed with each goal or as part of the table below.
- Include supplementary aids and services as appropriate.
- For a student who has a disability and is gifted, SDI also should include adaptations, accommodations, or modifications to the general education curriculum, as appropriate for a student with a disability.

Modifications and SDI	Location	Frequency	Projected Beginn	ate	Anticipated Duration

B. RELATED SERVICES - List the services that the student needs in

Service	Location

IEP teams should be careful not to provide too few or too many, as either extreme could have a negative impact. These aids and services should be specific to what the individual child needs to ensure access to the general education curriculum and/or to provide meaningful educational benefit. A team should celebrate when a student has made growth and no longer needs an aid or service!

ation

C. SUPPORTS FOR SCHOOL PERSONNEL - List ... sear to receive the si

nt's IEP.

School Personnel to Receive Support	Support	Location	F			Beginning ate	ticipated Duration
				V			

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Student's Name:

D. GIFTED SUPPORT SERVICES FOR A STUDENT IDENTIFIED AS GIFTED WHO ALSO IS IDENTIFIED AS A STUDENT WITH A DISABILITY - Support services are required to assist a gifted student to benefit from gifted education (e.g., psychological services, parent counseling and education, counseling services, transportation to and from gifted programs to classrooms in buildings operated by the school district).

Support Service				
Support Service				
Support Service				
_	(ESY) - The IEP team has con		services, and determined that: wed by the	
OR As of the date of	this IEP, student is NOT eligil		Each IEP team must consider severiteria for ESY services that established by PDE using mul sources prior to making an edetermination. No single for considered determinative on it purpose of ESY is maintenance	have been tiple data eligibility factor is as own. The
	, when appropriate, Short Te		for remediation or accele	ration. am are:
				` ,
ESY Service to be Provided	Location	Frequency	Project eginning Date	Anticipated Duration
			V	

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Student's Name:

VII. EDUCATIONAL PLACEMENT

A. QUESTIONS FOR IEP TEAM - The following questions must be reviewed and discussed by the IEP team prior o providing the explanations regarding participation with students without disabilities.

It is the responsibility of each public agency to ensure that, to the or private institutions or other care facilities, are educated with stude of students with disabilities from the general educational environment of in general education classes, EVEN WITH the use of supplementary aids and

- What supplementary aids and services were considered aids and services will or will not enable the student to make education class.
- What benefits are provided in the general education class?
- What potentially beneficial effects and/or harmful effects might be exclass, even with supplementary aids and services?
- class, even with supplementary and arrivees.

n extent appror udents the ities, including the other distributions and distributions are stated as a second control of the co

Now that the team has reviewed the student's present levels of functioning, identified goals and specially designed instruction that the student needs, etc., the next step is to determine educational placement.

ities, including those in public other removal uch that education

> plementary the general

ed in the special

with es or the other dents in the

• To what extent, if any, will the student participate with nondisabled peers in extract cular activities or other nonacademic activities?

Explanat	ation of the extent, if any, to which the student will not participate with students without disabilities i l	<u>n the regular education</u>
<u>class</u> :		
_		
Explanat	ation of the extent, if any, to which the student will not participate with students without disabilities in	the general education
curricu		

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INDIVIDUALIZED EDUCATION PROGRAM (IEP) Student's Name:

B. Type of Support

1. /	mount of special education supports	
	Itinerant: Special education supports and services provi	ded by special education personnel for 20% or less of the school day
	Supplemental: Special education supports and services 80% of the school day	provided by special education personnel for more than 20% of the day but less than
	Full-Time: Special education supports and services prov	rided by special education personnel for 80% or more of the school day
2.	Type of special education supports	
	Autistic Support	
	Blind-Visually Impaired Support	
	Deaf and Hard of Hearing Support	
	Emotional Support	"Special Education Personnel" refers to teachers and related service providers, and
	Learning Support	does not include services provided by paraprofessionals. Type of special education
	Life Skills Support	supports are provided to a student based on the learning needs of the student. In
	Multiple Disabilities Support	addition, a student may receive more than one type of special education support if
	Physical Support	appropriate as determined by the IEP team.
	Speech and Language Support	

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INDIVIDUALIZED EDUCATION PROGRAM (IEP) Student's Name:

C. Location of student's program	
Name of School District where the IEP will be implemented:	
Name of School Building where the IEP will be implemented:	
Is this school the student's neighborhood school (i.e., the school the student would attend if he/she did not have an IEP)? Yes	
No. If the answer is "no," select the reason why not. Special education supports and services required in the student's IEP cannot be provided in the neighborhood school	
Other. Please explain:	
There are times when an IEP team determines that in order for a student to receive a free, appropriate education, the student must receive their educational programming in a school that is not their neighborhood school.	

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Student's Name:

VIII. PENNDATA REPORTING: Educational Environment (Complete either Section A or B; Select only one Educational Environment)

To calculate the percentage of time inside the regular classroom, divide the number of hours the student spends inside the regular classroom by the total number of hours in the school day (including lunch, recess, study periods). The result is then multiplied by 100.

SECTION A: For Students Educated in Regular School Buildings with Non Disabled Peers - Indicate the Percentage of time INSIDE the regular classroom for this student:

Time spent outside the regular classroom receiving services unrelated to the student's disability (e.g., time receiving ESL services) should be considered time inside the regular classroom. Educational time spent in age-appropriate community-based settings that include individuals with and without disabilities, such as college campuses or vocational sites, should be counted as time spent inside the regular classroom.

Calculation for this Student:

Column 1	Column 2	Calculation	Indicate Percentage	Percentage Category
Total hours the student spends in the regular classroom per day	Total hours in a typical school day (including lunch, recess & study periods)	(Hours inside regular classroom ÷ hours in school day) x 100 = % (Column 1 ÷ Column 2) x 100 = %	Section A: The percentage of time student spends inside the regular classroom:	Using the calculation result elect the appropriate percentage category
SECTION B: This section re Facility on the line corresp in Section A)	•	-	ent spends dist	e R composer fe of the Day f the Day
☐ Approved Private School (Not ☐ Approved Private School (Res ☐ Other Private Facility (Non R ☐ Other Private Facility (Reside ☐ Other Public Facility (Reside	sidential) lesidential) ential)			the public school setting.

EXAMPLES for Section A: How to Calculate PennData-Educational Environment Percentages

	T		<u>Clilii</u>	1
	Column 1	Column 2	Calculation	Indicate Percentage
	Total hours the student spends in the regular classroom-per day	Total hours in a typical school day (including lunch, recess & study periods)	(Hours inside regular classroom ÷ urs in school day) x 100 = %	Section A: The percentage of time student spends inside the regular classroom:
			(Column 1 ÷ Column 2) x 100 = %	
Example 1	5.5	6.5	$(5.5 \div 6.5) \times 100 = 85\%$	85% of the day (Inside 80% or More of Day)
Example 2	3	5	(3 ÷5) x 100 = 60%	60% of the day (Inside 79-40% of Day)
Example 3	1	5	(1÷ 5) x 100 = 20%	20% of the day (Inside less than 40% of Day)

For a more detailed explanation of this form, an annotated *IEP* is available on the PaTTAN website at www.pattan.net Type "Annotated Forms" in the Search feature on the website. If you do not have access to the Internet, you can request the annotated form by calling PaTTAN at 800-441-3215.

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