

## The New York State Education Department Sample IEP Forms

The New York State Education Department has developed the attached recommended IEP forms, one for school-age students and one for preschool students. The sample IEP forms guide schools to develop the IEP in a particular sequence and include sections for schools to complete each of the required components of the IEP.

The forms should be used in accordance with the guidance provided in this document. The sample IEP forms may be used in the electronic version found on the Department's web site at [www.vesid.nysed.gov/specialed/publications](http://www.vesid.nysed.gov/specialed/publications) or may be duplicated by the district/agency and converted to an electronic format most compatible with the district's/agency's software and hardware. Local districts may create their own IEP forms as long as all mandated sections and information are included.

The following chapters of this document provide guidance on developing and documenting recommendations on each of the components of the IEP.

- IEP Identifying Information
- Present Levels of Performance and Individual Needs
- Projected Post-School Outcomes
- Annual Goals, Short-Term Objectives and Benchmarks
- Recommended Special Education Programs and Services
- Coordinated Set of Transition Activities (School to Post-School)
- Reporting Progress to Parents
- Placement Recommendation
- Declassification Recommendations
- Supplemental Information (Parent Information and Committee Participants)
- IEP Implementation

In general, each chapter presents regulatory requirements, followed by guidance and examples on each of the required components, quality indicators and a sample IEP for that section.

Examples and sample IEPs are provided to demonstrate how the form would be completed. The examples and samples should not be construed as a model IEP for any particular student or disability category. The sample IEP sections at the end of each chapter are from a school-age student's IEP. Attachment 4 provides a completed sample of a preschool student's IEP.

**Sample School-Age IEP Form**

**Sample Preschool IEP Form**

NYSED-IEP-SA 12-05

Available as a Word Template

Confidential Student Information

**School-Age  
Individualized Education Program (IEP)**

School District  
Street Address  
City, State, and Zip Code  
Telephone Number

<b>Student Name:</b>	<b>Date of Birth:</b> / /	<b>Age:</b>
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<b>Disability Classification:</b> Choose one
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<b>Street:</b> <b>City:</b> <b>Zip:</b> <b>Student ID#:</b> <b>Current Instructional Grade/Grade Equivalent:</b> <b>Racial/Ethnic Group of Student:</b> Choose One <b>Medical Alerts:</b>	<b>Telephone:</b> <b>County of Residence:</b> <b>Male</b>     <b>Female</b>     <b>Native Language of Student:</b> <b>Interpreter for Student Needed:</b> Yes     No     <b>If yes, specify language:</b> <b>Surrogate Parent Needed:</b> Yes     No
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<b>Other Information:</b>
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<b>Date of initial referral:</b> / / <b>Date initial consent for evaluation received:</b> / / <b>Date of IEP meeting to determine initial eligibility:</b> / /
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<b>Date of Committee on Special Education (CSE) Meeting to Develop this IEP:</b> / / <b>Type of Meeting:</b>     <b>Initial</b>     <b>Requested Review</b>     <b>Annual Review</b>     <b>Reevaluation</b>     _____ <b>Date IEP is to be Implemented:</b> / / <b>Projected Date of Next Review:</b> / /
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Projected Date of Reevaluation Meeting: / /

**Present Levels of Academic Achievement, Functional Performance and Individual Needs**

Current functioning and individual needs in consideration of:

- the results of the initial or most recent evaluation, the student’s strengths, the concerns of the parents, the results of the student’s performance on any State or districtwide assessment programs;
- the student’s needs related to communication, behavior, use of Braille, assistive technology, limited English proficiency;
- how the student’s disability affects involvement and progress in the general curriculum; and
- the student’s needs as they relate to transition from school to post-school activities for students beginning with the first IEP to be in effect when the student turns age 15 (and younger if deemed appropriate).

**Transcript Information – Secondary Students Only**

Diploma Credits Earned:

Expected Date of High School Completion: / /

Projected # years to graduate:

Commencement-level State Tests Passed:

Expected Diploma:

**Academic Achievement, Functional Performance and Learning Characteristics:**

Current levels of knowledge and development in subject and skill areas, including activities of daily living, level of intellectual functioning, adaptive behavior, expected rate of progress in acquiring skills and information and learning style.

**Social Development:**

The degree and quality of the student’s relationships with peers and adults, feelings about self and social adjustment to school and community environments.

**Physical Development:**

The degree or quality of the student’s motor and sensory development, health, vitality and physical skills or limitations that pertain to the learning process.

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<p><b>Management Needs:</b></p> <p>The nature of and degree to which environmental modifications and human or material resources are required to enable the student to benefit from instruction. Management needs are determined in accordance with the factors identified in the areas of academic achievement, functional performance and learning characteristics, social development and physical development.</p>

<p><b>MEASURABLE POST-SECONDARY GOALS (AGES 15 AND OLDER)</b></p>
<p>For students beginning with the first IEP to be in effect when the student turns age 15 (and younger if deemed appropriate), identify the appropriate measurable postsecondary goals based upon age appropriate transition assessments relating to training, education, employment and, when appropriate, independent living skills.</p>
<p><b>Training:</b></p> <p><b>Education:</b></p> <p><b>Employment:</b></p> <p><b>Independent Living Skills (when appropriate):</b></p>

<p><b>MEASURABLE ANNUAL GOALS</b></p>
<p>* For students with severe disabilities who would meet the eligibility criteria to take the New York State Alternate Assessment, the IEP must also include short-term instructional objectives and benchmarks for each annual goal.</p>

<p><b>Annual Goal:</b> What the student will be expected to be able to do by the end of the year in which the IEP is in effect.</p> <p><b>Evaluative Criteria:</b> How well and over what period of time the student must demonstrate performance in order to consider the annual goal to have been met.</p> <p><b>Procedures to Evaluate Goal:</b> The method that will be used to measure progress and determine if the student has met the annual goal.</p> <p><b>Evaluation Schedule:</b> The dates or intervals of time by which evaluation procedures will be used to measure the student's progress.</p>
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<p><b>Annual Goal:</b></p>
<p><b>Evaluative Criteria:</b></p>
<p><b>Procedures to Evaluate Goal:</b></p>

Evaluation Schedule:
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<b>Annual Goal:</b>
Evaluative Criteria:
Procedures to Evaluate Goal:
Evaluation Schedule:

<b>Annual Goal:</b>
Evaluative Criteria:
Procedures to Evaluate Goal:
Evaluation Schedule:

<b>Annual Goal:</b>
Evaluative Criteria:
Procedures to Evaluate Goal:
Evaluation Schedule:

<b>Annual Goal:</b>
Evaluative Criteria:
Procedures to Evaluate Goal:
Evaluation Schedule:

<b>Annual Goal:</b>
Evaluative Criteria:
Procedures to Evaluate Goal:
Evaluation Schedule:

(Add additional annual goals as appropriate)

<b>Recommended Special Education Programs and Services</b>
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Special Education Program/Services				
	Frequency	Duration	Location	Initiation Date
				/ /
				/ /
				/ /
				/ /
				/ /

Related Services				
	Frequency	Duration	Location	Initiation Date
				//
				//
				//
				//
				//

Program Modifications/Accommodations/Supplementary Aids and Services				
	Frequency	Duration	Location	Initiation Date
				//
				//
				//
				//
				//

Assistive Technology Devices/Services				
	Frequency	Duration	Location	Initiation Date
				//
				//
				//

Supports for School Personnel On Behalf of Student				
	Frequency	Duration	Location	Initiation Date
				//
				//

**Special Transportation Needs:**

None

Student has special transportation needs as recommended below:

Special seating - Specify:

Vehicle and/or equipment needs - Specify:

Adult Supervision - Specify:

Type of transportation Specify:

Other Accommodations – Specify:

**Other:**

**TESTING ACCOMMODATIONS:**

The following individual appropriate accommodations are necessary to measure the academic achievement and functional performance of the student on State and districtwide assessments. Recommended testing accommodations will be used consistently:

- in the student’s education program,
- in the administration of districtwide assessments of student achievement, consistent with school district policy, and
- in the administration of State assessments of student achievement, consistent with State Education Department policy.

Testing Accommodation	Conditions	Specifications

**Participation in State Assessments**

- The student will participate in the same State assessments that are administered to general education students.
- Graded: The student will take the State assessment with his/her grade level peers.
- Ungraded: The student will take the State assessment based on chronological age because his/her instructional levels in English and mathematics are three or more years below the grade-level coursework of the student’s nondisabled peers.
- The student will participate in the New York State Alternate Assessment (NYSAA) for Students with Severe Disabilities.
- Explain why the State assessment(s) administered to general education students is not appropriate for the student and why the alternate assessment selected is appropriate for the student: \_\_\_\_\_

**Participation in Districtwide Assessments**

- The student will participate in the same districtwide assessments that are administered to general education students.
- The student will participate in the following alternate assessment for districtwide assessments: \_\_\_\_\_
- Explain why the districtwide assessment(s) administered to general education students is not appropriate for the student and why the alternate assessment selected is appropriate for the student: \_\_\_\_\_

**Removal from the general educational environment occurs only when the nature or severity of the disability is such that, even with the use of supplementary aids and services, education cannot be satisfactorily achieved.**

- Explanation of the extent, if any, to which the student will not participate in general education programs, including extra curricular and other nonacademic activities: \_\_\_\_\_
- The student will not participate in the general education physical education program, but will participate in specially designed or adapted physical education.

**Language other than English exemption**

- No
- Yes, the student’s disability adversely affects the ability to learn a language, and the student is excused from the language other than English requirement.

<b>Coordinated Set of Transition Activities (School to Post School)</b>			
For students beginning with the first IEP to be in effect when the student turns age 15 (and younger if deemed appropriate) needed transition services/activities to facilitate the student's movement from school to post-school activities.			
<b>Coordinated Set of Transition Activities</b>	<b>Activity</b>	<b>School District/Agency Responsible</b>	<b>Date</b>
Instruction			//
Related Services			//
Development of Employment/Other Post-School Adult Living Objectives			//
Community Experience			//
Acquisition of Daily Living Skills			//
Functional Vocational Assessment			//

<b>Placement Recommendation</b>
<b>10 Month Placement:</b>

Extended School Year Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	Projected dates of services: // to //
If yes: Provider: _____	Site: _____

<b>Reporting Progress to Parents</b>
Identify when periodic reports on the progress the student is making toward meeting the annual goals will be provided to the student's parents:

<b>Recommendations Upon Declassification</b>
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Date Declassified: / /

IEP recommendations to continue upon declassification:

<b>Testing Accommodations</b>	<b>Conditions</b>	<b>Specifications</b>
Continued Eligibility for Local Diploma ("Safety Net"): <input type="checkbox"/> Yes <input type="checkbox"/> No		
Continued "Language Other Than English" Exemption: <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Declassification Support Services to be provided during the first year that a student moves from a special education program to a full-time general education program.</b>				
<b>Service</b>	<b>Initiation Date</b>	<b>Frequency</b>	<b>Duration</b>	<b>Ending Date</b>



	//			//
	//			//
	//			//

Parent Information	
<b>Student's Name:</b>	
<b>Mother's/Guardian's Name:</b>  <b>Street:</b>  <b>City:</b>  <b>Zip:</b>	<b>Telephone:</b>  <b>County of Residence:</b>  <b>Native Language of Parent/Guardian:</b>  <b>Interpreter Needed for Meeting: Yes     No    </b>
<b>Father's/Guardian's Name:</b>  <b>Street:</b>  <b>City:</b>  <b>Zip:</b>	<b>Telephone:</b>  <b>County of Residence:</b>  <b>Native Language of Parent/Guardian:</b>  <b>Interpreter Needed for Meeting: Yes     No    </b>
<input type="checkbox"/> Surrogate Parent Needed  <b>Surrogate Parent's Name:</b>  <b>Street:</b>  <b>City:</b>  <b>Zip:</b>	<b>Date Appointed: //</b>  <b>Telephone:</b>  <b>Native Language of Surrogate Parent:</b>  <b>Interpreter Needed for Meeting: Yes     No    </b>

Committee Participants		
<input type="checkbox"/> CSE		
<input type="checkbox"/> Subcommittee		
<i>Name</i>	<i>Professional Title</i>	<i>Committee Member Role<sup>1</sup></i>

<sup>1</sup> If the parent or another CSE member participated (with parent and school district agreement) through alternative means, indicate the manner in which he or she participated (e.g., video or telephone conference calls).

**SUPPLEMENTAL PAGE FOR ADDITIONAL ANNUAL GOALS**

<b>Annual Goal:</b>	
<b>Evaluative Criteria:</b>	
<b>Procedures to Evaluate Goal:</b>	
<b>Evaluation Schedule:</b>	

<b>Annual Goal:</b>	
<b>Evaluative Criteria:</b>	
<b>Procedures to Evaluate Goal:</b>	
<b>Evaluation Schedule:</b>	

<b>Annual Goal:</b>	
<b>Evaluative Criteria:</b>	
<b>Procedures to Evaluate Goal:</b>	
<b>Evaluation Schedule:</b>	

<b>Annual Goal:</b>	
<b>Evaluative Criteria:</b>	
<b>Procedures to Evaluate Goal:</b>	
<b>Evaluation Schedule:</b>	

**SUPPLEMENTAL PAGE IF INCLUDING SHORT-TERM INSTRUCTIONAL OBJECTIVES AND BENCHMARKS FOR EACH ANNUAL GOAL \***

\* NOTE: FEDERAL AND STATE LAW AND REGULATIONS REQUIRE SHORT-TERM INSTRUCTIONAL OBJECTIVES AND BENCHMARKS IN IEPs ONLY FOR STUDENTS WITH SEVERE DISABILITIES WHO WOULD MEET THE ELIGIBILITY CRITERIA TO TAKE THE NEW YORK STATE ALTERNATE ASSESSMENT AND FOR ALL PRESCHOOL STUDENTS WITH DISABILITIES.

<b>Annual Goal:</b>	
<b>Evaluative Criteria:</b>	
<b>Procedures to Evaluate Goal:</b>	
<b>Evaluation Schedule:</b>	
<b>Instructional Objectives or Benchmarks:</b>	

<b>Annual Goal:</b>	
<b>Evaluative Criteria:</b>	
<b>Procedures to Evaluate Goal:</b>	
<b>Evaluation Schedule:</b>	
<b>Instructional Objectives or Benchmarks:</b>	
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\*\*\*DUPLICATE AS NECESSARY\*\*\*