

Any ND Public School
 Special Education Department
 100 North Education St.
 Anywhere, ND 58502

Individualized Education Program IEP Meeting Date:
Age 3-5

A. Student-Last Name		First Name	MI	Birthdate (M/D/YYYY)		Gender <input type="checkbox"/> M <input type="checkbox"/> F
Grade	Race		Student's Primary Language or Communication Mode			
Current Address		City	State ND	Zip	Phone Number	
Serving School		City	State	Zip	School Phone Number	
District of Residence (If different from serving district)		Check items that apply <input type="checkbox"/> Open enrolled in same district <input type="checkbox"/> Agency Placed <input type="checkbox"/> Open enrolled in another district <input type="checkbox"/> Home Education				
B. Name of Parent(s)			Home Phone Number		Other Phone Number	
Guardian/Foster Parent			Primary Lang. Spoken at home		Parent's Email address	
C. IEP Case Manager		Case Manager email address		Phone Number		
IEP TYPE <input type="checkbox"/> Initial <input type="checkbox"/> Annual review/revision			Primary Disability Secondary Disability			
If initial IEP, is this child transitioning from Part C services? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Last Comprehensive Individual Assessment Report			
IEP Meeting Date (IEP Created Date)		Names of All Team Members				Indicate Attendance
Parent *						<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent						<input type="checkbox"/> Yes <input type="checkbox"/> No
Student						<input type="checkbox"/> Yes <input type="checkbox"/> No
Administrator/Designee/District Representative (Required)						<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Education Teacher or Special Education Provider (Required)						<input type="checkbox"/> Yes <input type="checkbox"/> No
General Education Teacher (Required)						<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual to Interpret Instructional Implications of Evaluation Results (Required)						<input type="checkbox"/> Yes <input type="checkbox"/> No
* If the parent did not attend the IEP meeting or the IEP was held late, describe efforts to arrange a mutually agreed upon time and place.						

D. Consideration of Special Factors

The IEP Team must consider these factors while developing the IEP. Any factors checked *yes* must be addressed in the IEP.

1. Does the child's behavior impede the child's learning or the learning of others?
☐ No
☐ Yes. The IEP team must consider the use of positive behavioral interventions and supports and other strategies to address that behavior.
2. Has the child been identified by the school district as a child with limited English proficiency?
☐ No
☐ Yes. The IEP team must consider the language needs of the child as those needs relate to the child's IEP
3. Is the child blind or visually impaired?
☐ No
☐ Yes. The IEP team must provide instruction in Braille and the use of Braille unless the IEP Team determines, after an evaluation of the child's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the child'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 child.
4. Is the student deaf or hard of hearing?
☐ No
☐ Yes. The IEP team must consider the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode.
5. Does the student need assistive technology devices and services in order to successfully access the general education curriculum?
☐ No
☐ Yes. The IEP team has determined, after considering all areas related to the student's present levels of academic achievement and functional performance, that the student needs assistive technology in order to access the general education curriculum.

E. Present Levels of Academic Achievement and Functional Performance for Students Ages 6-21
The present levels of academic achievement and functional performance (PLAAFP) is an integrated summary of data from all sources including parents. The statement should include information about the student's specific strengths and weaknesses, unique patterns of functioning, and implications of the problem areas on the student's total functioning. The information should also include how the child's disability affects the child's involvement and progress in the general education curriculum. Performance areas to be considered are:
<u>Cognitive Functioning</u>
<u>Academic Performance</u>
<u>Communicative Status</u>
<u>Motor Ability</u>
<u>Sensory Status</u>
<u>Health/Physical Status</u>
<u>Emotional and Social Development</u>
<u>Behavior Skills (including Adaptive Behavior if applicable)</u>
<u>Ecological Factors (functional and community participation)</u>

F. Annual Goals, Short-term objectives, and Periodic review of services

Annual Goal #	of	goals
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Intent/purpose

--

Behavior

--

Ending
Level

--

Characteristics
of services

--

Short-Term Objectives and Characteristics of Services:

Objectives are required for those students who participate in the ND Alternate Assessment.

Conditions under which the behavior is performed

--

Specific behavior

--

Measurable criteria

--

Evaluation procedures

--

Schedules for determining if objectives are being achieved

--

Characteristics of services

--

How and when periodic progress reports will be provided:

--

G. Adaptation of Educational Services

Describe changes in educational services that will be made to permit successful accommodation and education of this student (e.g. grading, credits, staff, transportation, facilities, materials, Braille, equipment, technology, adaptive devices, curriculum, methods, and other services). Include procedures for monitoring equipment, if applicable. Include consultation, which is not scheduled or predictable. Consideration must be given to the special factors indicated in section D of the IEP.

Describe the student's participation in district and North Dakota State Assessment.

- ☐ Student will participate without accommodations.
- ☐ Student will participate with approved accommodations specified in Adaptation of Education Services area.
- ☐ Student will participate in an alternate assessment.
- ☐ Student will participate without accommodations in the content area(s) of:

and in alternate assessment in the content area(s) of:

Justification for not participating in district or North Dakota State Assessment and why the particular alternate assessment selected is appropriate. Objectives must be provided for those students participating in alternate assessment.

H. Description of Activities with Students Who Are Not Disabled

Physical Education. Indicate type of physical education program that the student receives:

- ☐ regular P.E.
- ☐ adaptive/specially designed P.E.

Participation in Academic and Nonacademic Activities:

Check any program options in the boxes below in which the student will be participating with students who do not have disabilities.

Program Options

Comments:

- ☐ Art.
- ☐ Music
- ☐ Library/Story Time
- ☐ Other

Nonacademic and Extracurricular Services and Activities

Comments:

- ☐ Special Events
- ☐ Meals/Snack Time
- ☐ Motor Activities
- ☐ Play Groups
- ☐ Social/Family Celebrations
- ☐ Other

I. Educational Environment

Note: Use this setting information to check the federal child count code. By selecting one of the eight categories, the IEP team affirms that they have considered the continuum of services and the selected setting is believed to be the most appropriate environment for the student.

SETTING:

(A) Children attending a regular early childhood program

- ☐ A1. In the regular early childhood program at least 80% of time
☐ A2. In the regular early childhood program 40% to 79% of time.
☐ A3. In the regular early childhood program less than 40% of time

(B) Children not attending a regular early childhood program or kindergarten

Attending a special education program

- ☐ B1. Separate class.
☐ B2. Separate school
☐ B3. Residential facility

Not attending a special education program

- ☐ B4. Home
☐ B5. Service Provider Location

Justification for the team's decision. The IEP team must document why the options selected in determining the environmental setting are the most appropriate and least restrictive:

☐ Yes ☐ No Is there a potential harmful effect to the student with this placement?

J. Special Education and Related Services

Service	Min/ Week	Starting Date	Duration	Service Provider (Job Title)	Location of Services
		/ /			
		/ /			
		/ /			

Length of school day:

- ☐ The student will attend for the full school day.
☐ The student will attend for a shorter or longer school day than peers. (Explain why this is necessary.)

Extended School Year (ESY)

Extended school year must be considered for each student with a disability. Justification for the decision made MUST BE STATED BELOW.

- ☐ The review of each goal indicates that an extended school year is needed for the following goals and objectives:
☐ The review of each goal indicates that services will be in effect for the normal school year.
☐ The team needs to collect further data before making a determination and will meet again by:

Justification for the teams decision: