

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Draft

Approved

Amended: \_\_\_\_\_

STUDENT INFORMATION

Maryland State Department of Education (MSDE) Division of Special Education/Early Intervention Services (Effective July 1, 2007)

Name: Sample

Student

Agency: Montgomery County Public Schools

IEP Team Meeting Date:

STUDENT AND SCHOOL INFORMATION

First Name: Sample MI: \_\_\_ Last Name: Student  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Grade: \_\_\_\_\_  
 Unique Student Identification Number (State): \_\_\_\_\_  
 Student Identification Number (Local): 000000  
 Date of Birth: 5/14/1994  
 Age: \_\_\_\_\_ Gender: Male  
 Race:  American Indian or Alaskan Native  Hispanic or Latino  
 Asian or Pacific Islander  White (not Hispanic)  
 Black or African American (not Hispanic)  
 Student identified as Limited English Proficient:  YES  NO  
 Student's native language: \_\_\_\_\_  
 Residence County: \_\_\_\_\_  
 Residence School: \_\_\_\_\_  
 Service County: \_\_\_\_\_  
 Service School: \_\_\_\_\_  
 Which jurisdiction is financially responsible? \_\_\_\_\_  
 Is the student currently under the care and custody of a state agency?  YES  NO  
 If yes, name of state agency: \_\_\_\_\_  
 Does the child require a parent surrogate?  YES  NO  
 Parent Surrogate Name: \_\_\_\_\_  
 Parent Surrogate Phone: \_\_\_\_\_

**PARENT/GUARDIAN 1**  
 First Name: \_\_\_\_\_ MI: \_\_\_ Last Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Parent native language, if not English: \_\_\_\_\_  
 Interpreter needed?  YES  NO

**PARENT/GUARDIAN 2**  
 First Name: \_\_\_\_\_ MI: \_\_\_ Last Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Parent native language, if not English: \_\_\_\_\_  
 Interpreter needed?  YES  NO  
 Case Manager: \_\_\_\_\_  
 IEP Team Meeting Date(s): 5/1/2007  
 IEP Annual Review Date: 5/1/2007  
 Parent was provided a copy of the *Procedural Safeguards Parental Rights* document.  
 Projected Annual Review Date: \_\_\_\_\_  
 Most Recent Evaluation Date: 12/21/2004  
 Projected Evaluation Date: \_\_\_\_\_  
 Primary Disability: \_\_\_\_\_  
 Areas affected by disability:  
 \_\_\_\_\_

EXIT INFORMATION

Exit Date: \_\_\_\_\_  
 Exit category:  A - Returned to general education  B - Graduated with a Maryland High School Diploma  C - Received Maryland High School Certificate of Program Completion  
 D - Reached 21 years of age  E - Deceased  F - Moved, known to be continuing  H - Dropped Out  Special Case

IEP TEAM PARTICIPANTS

IEP Case Manager: \_\_\_\_\_ Principal/Designee: \_\_\_\_\_ School Psychologist: \_\_\_\_\_ Agency Representative: \_\_\_\_\_  
 IEP Chair: \_\_\_\_\_ General Educator: \_\_\_\_\_ Social Worker: \_\_\_\_\_ Others in attendance: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Special Educator: \_\_\_\_\_ Sp/Lan Pathologist: \_\_\_\_\_ Others in attendance: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Guidance Counselor: \_\_\_\_\_ Student: \_\_\_\_\_ Others in attendance: \_\_\_\_\_

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

I. MEETING AND IDENTIFYING INFORMATION

Maryland State Department of Education (MSDE) Division of Special Education/Early Intervention Services (Effective July 1, 2007)

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IEP Team Meeting Date:

INITIAL EVALUATION ELIGIBILITY DATA (Only required for student's initial evaluation to determine eligibility)

Identify area(s) impacted by the student's suspected disability: Discussion to support decision:

Is a determinant factor for the student's lack of academic progress the result of:

- a) a lack of an appropriate instruction in reading, including essential components of reading instruction?
b) lack of instruction in math?
c) limited English proficiency?

(If yes to any of the above, the student must otherwise meet the eligibility criteria as a student with an identified disability.)

Does the student require specially designed instruction in order to make adequate progress in school?

Eligible as a student with a disability? Document basis for decision(s):

Indicate primary disability

- AUTISM, DEVELOPMENTAL DELAY, MENTAL RETARDATION, SPECIFIC LEARNING DISABILITY, VISUAL IMPAIRMENT, DEAF, EMOTIONAL DISTURBANCE, ORTHOPEDIC IMPAIRMENT, SPEECH OR LANGUAGE IMPAIRMENT, MULTIPLE DISABILITIES, DEAF - BLINDNESS, HEARING IMPAIRMENT, OTHER HEALTH IMPAIRMENT, TRAUMATIC BRAIN INJURY, Cognitive (specify), Sensory (specify), Physical (specify)

Date of parent consent for initial evaluation: Date of parent consent for initiation of services:
Date of initial evaluation: Date initial IEP is in effect:
Date of initial IEP development:

Reason(s) for delay: Student not available, Parent requested delay, Other, explain:

If the parent fails to respond or refuses consent to the initial provision of special education and related services, the public agency shall not provide special education and related services to the student and will not be considered in violation of the requirement to make FAPE available in accordance with 34 CFR §300.

Is this student transitioning from Infants and Toddlers (Part C) to Preschool (Part B) and will be receiving services?

CONTINUED ELIGIBILITY DATA (Required for reevaluation at least once every three years)

Specify the area(s) identified for reevaluation:

Discussion to support decision:

Evaluation Date: 12/21/2004 (This is the most recent date on which the IEP team completed a full and comprehensive review of all assessment materials.)

Does the student continue to have a disability and such educational needs that require the continued provision of special education and related services?

Are any additions or modifications to special education and related services needed to enable the student to meet the measurable annual goals set out in the student's IEP and to participate, as appropriate, in the general education curriculum?

Eligible as a student with a disability? Document basis for decision(s):

Indicate primary disability

- AUTISM, DEVELOPMENTAL DELAY, MENTAL RETARDATION, SPECIFIC LEARNING DISABILITY, VISUAL IMPAIRMENT, DEAF, EMOTIONAL DISTURBANCE, ORTHOPEDIC IMPAIRMENT, SPEECH OR LANGUAGE IMPAIRMENT, MULTIPLE DISABILITIES, DEAF - BLINDNESS, HEARING IMPAIRMENT, OTHER HEALTH IMPAIRMENT, TRAUMATIC BRAIN INJURY, Cognitive, Sensory, Physical

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**I. MEETING AND IDENTIFYING INFORMATION**

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**STUDENT PARTICIPATION ON DISTRICT/STATEWIDE ASSESSMENTS AND GRADUATION INFORMATION**

State graduation requirements can be found at [www.marylandpublicschools.org](http://www.marylandpublicschools.org).

Also record any additional local school system graduation requirements:

Graduation requirements explained to parents?  YES  NO

Student is pursuing a:

Maryland High School Diploma  Maryland High School Certificate of Program Completion

The student is officially identified as a ninth grade student effective in the academic school year \_\_\_\_\_ - \_\_\_\_\_.

The student was originally identified as participating in a  4 year  5 year  6 year program

The student is currently participating in a  4 year  5 year  6 year program

Will the student participate in the Maryland School Assessment aligned with grade level academic achievement standards in assessed grade? (MSA-Grades 3-8)

Reading  YES  NO      Math  YES  NO      Science  YES  NO

Will the student participate in the Modified Maryland School Assessment aligned with Modified academic achievement standards in assessed grade? (Mod-MSA-Grades 3-8)

Reading  YES  NO      Math  YES  NO      Science  YES  NO

Will the student participate in the Maryland High School Assessment aligned with Core Learning Goals in assessed course? (HSA)

Algebra/Data Analysis  YES  NO      English  YES  NO  
Biology  YES  NO      Government  YES  NO

Will the student participate in the Maryland High School Assessment aligned with Core Learning Goals/modified achievement standards in assessed course? (Mod-HSA)

Algebra/Data Analysis  YES  NO      English  YES  NO  
Biology  YES  NO      Government  YES  NO

Will the student participate in the Alternate Maryland School Assessment aligned with alternate academic/course achievement standards in reading, math and science in assessed grade? (Alt-MSA)  YES  NO

Document basis for decision(s):

What was the student's performance on the Maryland Model for School Readiness (MMSR) Kindergarten Assessment?

Date: \_\_\_\_\_

FULL       APPROACHING       DEVELOPING

Is the student limited English proficient?  YES  NO

What was the student's performance on the Language Assessment Scale (LAS) Links?

Assessment Date: \_\_\_\_\_

Score: \_\_\_\_\_

FULLY PROFICIENT       LIMITED PROFICIENCY       NOT PROFICIENT

What was the student's performance on MSA as of \_\_\_\_\_ ?

MSA Assessments      Scale Score (Check Mod, if appropriate.)

Reading <input type="checkbox"/> Mod		<input type="checkbox"/> BASIC	<input type="checkbox"/> PROFICIENT	<input type="checkbox"/> ADVANCED
Math <input type="checkbox"/> Mod		<input type="checkbox"/> BASIC	<input type="checkbox"/> PROFICIENT	<input type="checkbox"/> ADVANCED
Science <input type="checkbox"/> Mod		<input type="checkbox"/> BASIC	<input type="checkbox"/> PROFICIENT	<input type="checkbox"/> ADVANCED

What was the student's performance, if applicable, on HSA as of \_\_\_\_\_ ?

HSA Assessments (Check Mod, if appropriate.)	Passing Score	Student's 1st Score	Student's 2nd Score	Student's Highest Score	Meets Standard	Bridge Plan Participant	Mod-HSA +Plus
Algebra/Data Analysis <input type="checkbox"/> Mod	412				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Biology <input type="checkbox"/> Mod	400				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
English <input type="checkbox"/> Mod	396				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Government <input type="checkbox"/> Mod	394				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Combined Score:	1602				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

What was the student's performance, if applicable, on Alt-MSA as of \_\_\_\_\_ ?

Alt-MSA Assessments	% of Mastery Objectives	<input type="checkbox"/> BASIC	<input type="checkbox"/> PROFICIENT	<input type="checkbox"/> ADVANCED
Reading		<input type="checkbox"/> BASIC	<input type="checkbox"/> PROFICIENT	<input type="checkbox"/> ADVANCED
Math		<input type="checkbox"/> BASIC	<input type="checkbox"/> PROFICIENT	<input type="checkbox"/> ADVANCED
Science		<input type="checkbox"/> BASIC	<input type="checkbox"/> PROFICIENT	<input type="checkbox"/> ADVANCED

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**II. PRESENT LEVEL OF FUNCTIONAL PERFORMANCE**

Maryland State Department of Education (MSDE) Division of Special Education/Early Intervention Services (Effective July 1, 2007)

Name: Sample

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Agency: Montgomery County Public Schools

IEP Team Meeting Date:

**ACADEMIC** \_\_\_\_\_ Document student's academic achievement and functional performance levels in academic areas, as appropriate.

Source(s): \_\_\_\_\_

Summary of Assessment Findings (including dates of administration):

Instructional Grade Level Performance: \_\_\_\_\_

(Consider private, state, local school system, and classroom based assessments, as applicable.)

Does this area impact the student's academic achievement and/or functional performance?  YES  NO

**ACADEMIC** \_\_\_\_\_ Document student's academic achievement and functional performance levels in academic areas, as appropriate.

Source(s): \_\_\_\_\_

Summary of Assessment Findings (including dates of administration):

Instructional Grade Level Performance: \_\_\_\_\_

(Consider private, state, local school system, and classroom based assessments, as applicable.)

Does this area impact the student's academic achievement and/or functional performance?  YES  NO

**ACADEMIC** \_\_\_\_\_ Document student's academic achievement and functional performance levels in academic areas, as appropriate.

Source(s): \_\_\_\_\_

Summary of Assessment Findings (including dates of administration):

Instructional Grade Level Performance: \_\_\_\_\_

(Consider private, state, local school system, and classroom based assessments, as applicable.)

Does this area impact the student's academic achievement and/or functional performance?  YES  NO

**ACADEMIC** \_\_\_\_\_ Document student's academic achievement and functional performance levels in academic areas, as appropriate.

Source(s): \_\_\_\_\_

Summary of Assessment Findings (including dates of administration):

Instructional Grade Level Performance: \_\_\_\_\_

(Consider private, state, local school system, and classroom based assessments, as applicable.)

Does this area impact the student's academic achievement and/or functional performance?  YES  NO

**ACADEMIC** \_\_\_\_\_ Document student's academic achievement and functional performance levels in academic areas, as appropriate.

Source(s): \_\_\_\_\_

Summary of Assessment Findings (including dates of administration):

Instructional Grade Level Performance: \_\_\_\_\_

(Consider private, state, local school system, and classroom based assessments, as applicable.)

Does this area impact the student's academic achievement and/or functional performance?  YES  NO

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**II. PRESENT LEVEL OF FUNCTIONAL PERFORMANCE**

Maryland State Department of Education (MSDE) Division of Special Education/Early Intervention Services (Effective July 1, 2007)

Name: Sample

Student

Agency: Montgomery County Public Schools

IEP Team Meeting Date:

**HEALTH**

Source(s): \_\_\_\_\_

Summary of Assessment Findings (including dates of administration):

Instructional Grade Level Performance: \_\_\_\_\_

(Consider private, state, local school system, and classroom based assessments, as applicable.)

Does this area impact the student's academic achievement and/or functional performance?  YES  NO

**PHYSICAL**

Source(s): \_\_\_\_\_

Summary of Assessment Findings (including dates of administration):

Instructional Grade Level Performance: \_\_\_\_\_

(Consider private, state, local school system, and classroom based assessments, as applicable.)

Does this area impact the student's academic achievement and/or functional performance?  YES  NO

**PHYSICAL**

Source(s): \_\_\_\_\_

Summary of Assessment Findings (including dates of administration):

Instructional Grade Level Performance: \_\_\_\_\_

(Consider private, state, local school system, and classroom based assessments, as applicable.)

Does this area impact the student's academic achievement and/or functional performance?  YES  NO

**BEHAVIORAL**

Source(s): \_\_\_\_\_

Summary of Assessment Findings (including dates of administration):

Instructional Grade Level Performance: \_\_\_\_\_

(Consider private, state, local school system, and classroom based assessments, as applicable.)

Does this area impact the student's academic achievement and/or functional performance?  YES  NO

**BEHAVIORAL**

Source(s): \_\_\_\_\_

Summary of Assessment Findings (including dates of administration):

Instructional Grade Level Performance: \_\_\_\_\_

(Consider private, state, local school system, and classroom based assessments, as applicable.)

Does this area impact the student's academic achievement and/or functional performance?  YES  NO

**INDIVIDUALIZED EDUCATION PROGRAM (IEP) II. PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**

Maryland State Department of Education (MSDE) Division of Special Education/Early Intervention Services (Effective July 1, 2007)

Name: Sample

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Agency: Montgomery County Public Schools

IEP Team Meeting Date:

**PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**

What is the parental input regarding the student's educational program?

What are the student's strengths, interest areas, significant personal attributes, and personal accomplishments? (Include preferences and interests for post school outcomes, if appropriate.)

How does the student's disability affect his/her involvement in the general education curriculum?

For preschool age children, how does the disability affect participation in appropriate activities?

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS**

Maryland State Department of Education (MSDE) Division of Special Education/Early Intervention Services (Effective July 1, 2007)

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IEP Team Meeting Date:

**COMMUNICATION (required)**

Does the student have special communication needs?  YES  NO

(If yes, describe the specific needs.)

[Empty text box for communication needs description]

**ASSISTIVE TECHNOLOGY (AT) (required)**

Consider AT device(s) and service(s) that are needed to increase, maintain or improve functional capabilities of a student with a disability.

The student needs an AT device(s)?  YES  NO

The student needs an AT service(s)?  YES  NO

If yes, AT device(s) will be addressed through:

If yes, AT service(s) will be addressed through:

Supplementary Aids, Services, Program Modifications, and Supports

Supplementary Aids, Services, Program Modifications, and Supports

Instructional and Testing Accommodations

Related Services

Document basis for decision(s):

Instructional and Testing Accommodations

[Empty text box for assistive technology decision basis]

**SERVICE FOR STUDENTS WHO ARE BLIND OR VISUALLY IMPAIRED**

In the case of a student who is blind or visually impaired, provide for instruction in Braille and the use of Braille unless the IEP Team determines, after an evaluation of the student's reading and writing media that instruction in Braille is not appropriate for the student.

Instruction in Braille considered?  YES  NO

Were parents provided information regarding Maryland School for the Blind?  YES  NO

Evaluation Date: \_\_\_\_\_

Is instruction in Braille appropriate?  YES  NO

Document basis for decision(s):

[Empty text box for Braille service decision basis]

**SERVICES FOR STUDENTS WHO ARE DEAF OR HEARING IMPAIRMENT**

In the case of a student who is deaf or hearing impaired, consider language and communication needs, opportunities for direct communication, academic level, and full range of needs, including direct instruction in the student's language and communication mode.

Were parents provided information regarding Maryland School for the Deaf?  YES  NO

Documentation to support decisions:

[Empty text box for deaf services documentation]

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS**

Maryland State Department of Education (MSDE) Division of Special Education/Early Intervention Services (Effective July 1, 2007)

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**BEHAVIORAL INTERVENTION**

In the case of a student whose behavior impedes the student's learning or that of others, consider the use of positive behavioral interventions and supports, and other strategies to address that behavior.

Functional Behavioral Assessment (FBA)    Assessment date: \_\_\_\_\_

Does the student require a Behavioral Intervention Plan (BIP)?     YES     NO

Behavioral Intervention Plan                      Implementation date: \_\_\_\_\_

Document basis for decision(s):

**SERVICES FOR STUDENTS WITH LIMITED ENGLISH PROFICIENCY**

In the case of a student with limited English proficiency, consider the language needs of the student as such needs relate to the student's IEP.

Document basis for decision(s):



**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS**

Maryland State Department of Education (MSDE) Division of Special Education/Early Intervention Services (Effective July 1, 2007)

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Agency: Montgomery County Public Schools

IEP Team Meeting Date:

**INSTRUCTIONAL AND TESTING ACCOMMODATIONS**

**PRESENTATION ACCOMMODATIONS:**

Visual Presentation Accommodations		Conditions for Use In Instruction and Assessment
<input type="checkbox"/> 1-A: Large Print		I, A
<input type="checkbox"/> 1-B: Magnification Devices		I, A
<input type="checkbox"/> 1-C: Sign Language		I, A
Tactile Presentation Accommodations		Conditions for Use In Instruction and Assessment
<input type="checkbox"/> 1-D: Braille		I, A
<input type="checkbox"/> 1-E: Tactile Graphics		I, A
Auditory Presentation Accommodations		Conditions for Use In Instruction and Assessment
<input type="checkbox"/> 1-F: Human Reader, Audio Tape, or Compact Disk Recording for Verbatim Reading of Entire Test		I, A*
<input type="checkbox"/> 1-G: Human Reader, Audio Tape, or Compact Disk Recording for Verbatim Reading of Selected Sections of Test		I, A*
<input type="checkbox"/> 1-H: Audio Amplification Devices		I, A
<input type="checkbox"/> 1-J: Books on Tape		I, N/A
<input type="checkbox"/> 1-K: Recorded Books		I, N/A
Multi-Sensory Presentation Accommodations		Conditions for Use In Instruction and Assessment
<input type="checkbox"/> 1-L: Video Tape and Descriptive Video		I, N/A
<input type="checkbox"/> 1-M: Screen Reader for Verbatim Reading of Entire Test		I, A*
<input type="checkbox"/> 1-N: Screen Reader for Verbatim Reading of Selected Sections of Test		I, A*
<input type="checkbox"/> 1-O: Visual Cues		I, A
<input type="checkbox"/> 1-P: Notes, Outlines, and Instructions		I, N/A
<input type="checkbox"/> 1-Q: Talking Materials		I, A
Other Presentation Accommodations		Conditions for Use In Instruction and Assessment
<input type="checkbox"/> 1-R: Other:		Determined on a case-by-case basis in consultation with MSDE

\* Use of the verbatim reading accommodation is permitted on all assessments as a standard accommodation, with the exception of:

- (1) the Maryland School Assessment (MSA) in reading, grade 3 only, which assess a student's ability to decode printed language. Students in grade 3 receiving this accommodation on the assessment will receive a score based on standards 2 and 3 (comprehension of informational and literary reading material) but will not receive a score for standard 1, general reading processes.
- (2) The Maryland Functional Reading Test.

Any screen reader may be used for instruction, but the only screen reader currently supported by the State for assessment is the Kurzweil 3000. In order for students to use the Kurzweil 3000 screen reader for testing, students must have used a screen reader in instruction and have had an opportunity to become familiar with the operation of the Kurzweil 3000 interface. Although a Human reader is always permissible to deliver a verbatim reading accommodation, the State encourages the use of screen readers on State testing, to promote standardization of the verbatim reading accommodation.

Discussion to support decision:

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)** **III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS**  
 Maryland State Department of Education (MSDE) Division of Special Education/Early Intervention Services (Effective July 1, 2007)

Name: Sample Student Agency: Montgomery County Public Schools IEP Team Meeting Date:

**INSTRUCTIONAL AND TESTING ACCOMMODATIONS**

**RESPONSE ACCOMMODATIONS:**

Response Accommodations	Conditions for Use In Instruction and Assessment
<input type="checkbox"/> 2-A: Scribe	I, A
<input type="checkbox"/> 2-B: Speech-to-Text	I, A
<input type="checkbox"/> 2-C: Large Print Response Booklet	I, A
<input type="checkbox"/> 2-D: Braille	I, A
<input type="checkbox"/> 2-E: Electronic Note-Takers and Word Processors	I, A
<input type="checkbox"/> 2-F: Tape Recorder	I, A
<input type="checkbox"/> 2-G: Respond on Test Booklet	I, A
<input type="checkbox"/> 2-H: Monitor Test Response	I, A
Materials or Devices Used to Solve or Organize Responses	Conditions for Use In Instruction and Assessment
<input type="checkbox"/> 2-J: Calculation Devices	I, A
<input type="checkbox"/> 2-K: Spelling and Grammar Devices	I, A*
<input type="checkbox"/> 2-L: Visual Organizers	I, A**
<input type="checkbox"/> 2-M: Graphic Organizers	I, A
<input type="checkbox"/> 2-N: Bilingual Dictionaries	I, A
Other Response Accommodations	Conditions for Use In Instruction and Assessment
<input type="checkbox"/> 2-O: Other:	Determined on a case-by-case basis in consultation with MSDE

\* Spelling and grammar devices are not permitted to be used on the English High School Assessment.

\*\* Photocopying of secure test materials requires approval and must be done under the supervision of the Local Accountability Coordinator (LAC). Photocopied materials must be securely destroyed under the supervision of the LAC. Use of highlighters may be limited on certain machine-scored test forms, as highlighting may obscure test responses. Check with the LAC before allowing the use of highlighters on any state assessment.

**Discussion to support decision:**

**INDIVIDUALIZED EDUCATION PROGRAM (IEP) III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS**

Maryland State Department of Education (MSDE) Division of Special Education/Early Intervention Services (Effective July 1, 2007)

Name: Sample Student Agency: Montgomery County Public Schools IEP Team Meeting Date:

**INSTRUCTIONAL AND TESTING ACCOMMODATIONS**

**TIMING AND SCHEDULING ACCOMMODATIONS:**

Timing and Scheduling Accommodations		Conditions for Use In Instruction and Assessment
<input type="checkbox"/> 3-A: Extended Time		I, A
<input type="checkbox"/> 3-B: Multiple or Frequent Breaks		I, A
<input type="checkbox"/> 3-C: Change Schedule or Order of Activities - Extend over multiple days		I, A
<input type="checkbox"/> 3-D: Change Schedule or Order of Activities - Within one day		I, A
Other Timing and Scheduling Accommodations		Conditions for Use In Instruction and Assessment
<input type="checkbox"/> 3-E: Other:		Determined on a case-by-case basis in consultation with MSDE

Discussion to support decision:

**SETTING ACCOMMODATIONS:**

Setting Accommodations		Conditions for Use In Instruction and Assessment
<input type="checkbox"/> 4-A: Reduce Distractions to the Student		I, A
<input type="checkbox"/> 4-B: Reduce Distractions to Other Students		I, A
<input type="checkbox"/> 4-C: Change Location to Increase Physical Access or to Use Special Equipment - Within School Building		I, A
<input type="checkbox"/> 4-D: Change Location to Increase Physical Access or to Use Special Equipment - Outside School Building		I, A
Other Response Accommodations		Conditions for Use In Instruction and Assessment
<input type="checkbox"/> 4-E: Other:		Determined on a case-by-case basis in consultation with MSDE

Discussion to support decision:

Instructional testing and accommodations were considered and no instructional and testing accommodations are required at this time.

Discussion to support decision:

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS**

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**SUPPLEMENTARY AIDS, SERVICES, PROGRAM MODIFICATION AND SUPPORTS SUMMARY**

Service Nature (Indirect)	Service Description	Begin Date	End Date	Provider(s)
				P: O:
				P: O:
				P: O:
				P: O:
				P: O:
				P: O:
				P: O:
				P: O:

Clarify the location and manner in which Supplementary Aids, Services, Program Modifications and Supports to or, on behalf of, the student will be provided:

Discussion to support decisions:

Supplementary Aids, Services, Program Modifications and Supports were considered and none are required at this time.

Discussion to support decisions:

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS**

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**EXTENDED SCHOOL YEAR (ESY)**

The IEP Team should determine if any of the factors below will significantly jeopardize the student's ability to receive some benefit from the student's educational program during the regular school year, if the student does not receive ESY services. ESY services are the individualized extension of specific special education and related services that are provided beyond the normal school year of the public agency, in accordance with the IEP, at no cost to the parents.

ESY Decision Deferred

**When considering ESY, answer YES or NO and document the discussion:**

1. Does the student's IEP include annual goals related to critical life skills?  YES  NO

Discussion to support decision:

1a. Is there a likely chance of substantial regression of critical life skills caused by the normal school break and a failure to recover those lost skills in a reasonable time?  YES  NO

Discussion to support decision:

1b. Is the student demonstrating a degree of progress toward mastery of IEP goals related to critical life skills?  YES  NO

Discussion to support decision:

2. Is there a presence of emerging skills or breakthrough opportunities?  YES  NO

Discussion to support decision:

3. Are there significant interfering behaviors?  YES  NO

Discussion to support decision:

4. Does the nature and severity of the disability warrant ESY?  YES  NO

Discussion to support decision:

5. Are there other special circumstances that require ESY?  YES  NO

Discussion to support decision:

After considering the above questions, will benefits that the student receives from his/her educational program during the regular school year be significantly jeopardized if the student is not provided ESY?

YES, student is eligible for ESY Service

NO, student is not eligible for ESY Service

Document basis for decision(s):

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS

Maryland State Department of Education (MSDE) Division of Special Education/Early Intervention Services (Effective July 1, 2007)

Name: Sample

Student

Agency: Montgomery County Public Schools

IEP Team Meeting Date:

TRANSITION (To be completed annually, beginning at age 14 or younger, if determined appropriate.)

STUDENT PREFERENCES AND INTERESTS:

The post secondary goal(s) are to be based on the student's interests, preferences and age appropriate transition assessments.

Date of Student Interview: \_\_\_\_\_

Discussion of student's interests, preferences and age appropriate transition assessments:

[Empty box for discussion of student's interests, preferences and age appropriate transition assessments]

POSTSECONDARY GOALS (Outcomes):

Postsecondary goal(s) are to be recorded here. At least one goal must be indicated for training and/or education.

Employment (required): \_\_\_\_\_

Training: \_\_\_\_\_

Education: \_\_\_\_\_

Independent Living (if appropriate): \_\_\_\_\_

COURSE OF STUDY:

The course of study is to support the stated post secondary goal(s)

Arts, Media & Communication

Business Management & Finance

Construction & Development

Education, Training & Child Services

Health, Bioscience, & Medicine

Information Technology

Engineering, Scientific Research & Manufacturing Technology

Environmental, Agricultural & Natural Resource Systems

Transportation, Distribution & Logistics

Law, Government, Public Safety & Administration

Human, Consumer Services, Hospitality & Tourism

Student is enrolled in the following Functional and Skill Development Activities:  Job Sampling & Employment training  Supported Employment  Activities of Daily Living

PROJECTED CATEGORY OF EXIT:

The student will exit with:  Maryland High School Diploma

with 2 credits of Foreign Language

with 2 credits of Advanced Technology

with 4 credits of Career and Technology Program

Certificate of Program Completion at the end of the school year the student turns 21.

Certificate of Program Completion prior to the end of the school year the student turns 21 (Parent and student choice)

PROJECTED DATE OF EXIT:

The student is participating in a \_\_\_\_\_ year program and is projected to exit/graduate school \_\_\_\_\_.

Have the student and parent been informed that rights under IDEA do not transfer to students with disabilities on reaching age of majority, except under limited circumstances, as described in Education Article §8-412.1, Annotated Code of Maryland?  YES  N/A

Document basis for decision(s):

[Empty box for document basis for decision(s)]

AGENCY LINKAGE:

The student has been referred to the appropriate agency for transition and/or post secondary services:

DORS (Department of Rehabilitative Services)

DDA (Developmental Disabilities Agency)

MHA (Mental Hygiene Administration)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS

Maryland State Department of Education (MSDE) Division of Special Education/Early Intervention Services (Effective July 1, 2007)

Name: Sample

Student

Agency: Montgomery County Public Schools

IEP Team Meeting Date:

TRANSITION ACTIVITIES

**TRANSITION SERVICES/ACTIVITIES:**

Transition services are a coordinated set of activities for a student with a disability that is designed within a results oriented process that will facilitate the student's movement from school to post secondary activities.

Academic:

Responsible Party:

Employment Training:

Responsible Party:

Activities of Daily Living:

Responsible Party:

Independent Living:

Responsible Party:

Transportation:

Responsible Party:

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS**

Maryland State Department of Education (MSDE) Division of Special Education/Early Intervention Services (Effective July 1, 2007)

Name: Sample

Student

Agency: Montgomery County Public Schools

IEP Team Meeting Date:

**ANTICIPATED SERVICES FOR TRANSITION**

Services you anticipate a student 14 years and older will need within one year of exiting the agency. The adult services recommended on this page are those anticipated and not entitlement services.

**General Services**

- No Service Needed: upon exiting from the educational system.
- Public income maintenance: Social Security Income (SSI), Social Security Disability Income (SSDI), welfare, Medicaid, public health insurance, etc.
- Transportation: Specialized transportation including paratransit.

**Further Education/Training**

- Continuing and Adult Education: including Adult Basic Ed (ABE), General Education Development (GED), adult high school diploma, and adult compensatory or special education.
- Higher Education Support Services: note takers, educational technology, modified testing time, mentoring and guidance, study skills, and self advocacy training.
- Career School Support Services: Support services in programs such as career schools, Job Training Partnership Act programs (JTPA), and Job Corps.

**Division of Rehabilitation Services (DORS)**

- Assessment and evaluation
- Vocational Rehabilitation Counseling and Guidance
- Job Search, Placement Assistance, and Follow Up Services
- Medical Rehabilitation
- Vocational and Other Training Services
- Rehabilitation Technology Services
- Support Services

**Developmental Disabilities Administration (DDA)**

- Day Habilitation
- Community Residential Services
- Supported Employment
- Family and Individual Support Services
- Behavior/Support Services
- Community Supported Living Arrangements (CSLA)

**Mental Hygiene Administration (MHA)**

- Mental Health Evaluation and Treatment
- Psychiatric Rehabilitation Programs
- Residential Rehabilitation Programs
- Supported Employment
- Respite Care



**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**IV. GOALS**

Maryland State Department of Education (MSDE) Division of Special Education/Early Intervention Services (Effective July 1, 2007)

Name: \_\_\_\_\_ Agency: \_\_\_\_\_ IEP Team Meeting Date: \_\_\_\_\_

GOAL \_\_\_\_\_

**Goal:** Custom  
 \_\_\_\_\_

**By:** \_\_\_\_\_

**Evaluation Method:**  INFORMAL PROCEDURES  CLASSROOM-BASED ASSESSMENT  OBSERVATION RECORDS  STANDARDIZED ASSESSMENT  
 PORTFOLIO ASSESSMENT  OTHER: \_\_\_\_\_

**With** \_\_\_\_\_  % ACCURACY  % DECREASE  % INCREASE  \_\_\_\_\_ OUT OF \_\_\_\_\_ TRIALS  OTHER: \_\_\_\_\_

**ESY goal?**  YES  NO

<b>Progress Towards Goal</b>	<b>Objective 1:</b>	_____	<b>Objective 3:</b>	_____
	<b>Objective 2:</b>	_____	<b>Objective 4:</b>	_____

<b>Progress Report 1</b> Date: _____	<b>Progress Code:</b>	Achieved	Making sufficient progress to meet goal	Not making sufficient progress to meet goal (IEP team needs to meet to address insufficient progress)	Not yet introduced
	<b>Description:</b>				

<b>Progress Report 2</b> Date: _____	<b>Progress Code:</b>	Achieved	Making sufficient progress to meet goal	Not making sufficient progress to meet goal (IEP team needs to meet to address insufficient progress)	Not yet introduced
	<b>Description:</b>				

<b>Progress Report 3</b> Date: _____	<b>Progress Code:</b>	Achieved	Making sufficient progress to meet goal	Not making sufficient progress to meet goal (IEP team needs to meet to address insufficient progress)	Not yet introduced
	<b>Description:</b>				

<b>Progress Report 4</b> Date: _____	<b>Progress Code:</b>	Achieved	Making sufficient progress to meet goal	Not making sufficient progress to meet goal (IEP team needs to meet to address insufficient progress)	Not yet introduced
	<b>Description:</b>				

<b>Progress Report 5</b> Date: _____	<b>Progress Code:</b>	Achieved	Making sufficient progress to meet goal	Not making sufficient progress to meet goal (IEP team needs to meet to address insufficient progress)	Not yet introduced
	<b>Description:</b>				

**How will the parent be notified of the student's progress toward the IEP goals?** \_\_\_\_\_

**How often?**  WEEKLY  BI-WEEKLY  MONTHLY  INTERIM  QUARTERLY  END OF MARKING PERIOD  OTHER: \_\_\_\_\_

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**V. SERVICES**

Maryland State Department of Education (MSDE) Division of Special Education/Early Intervention Services (Effective July 1, 2007)

Name: Sample

Student

Agency: Montgomery County Public Schools

IEP Team Meeting Date:

**SCHOOL YEAR SERVICES**

Service Nature	Location	Service Description			Begin Date	End Date	Provider(s) P = Primary, O = Other	Summary of Service
		Sessions	Length of Time	Frequency				
Special Education							P: _____ m/ _____ h	
							O: _____ per	
Special Education							P: _____ m/ _____ h	
							O: _____ per	
Special Education							P: _____ m/ _____ h	
							O: _____ per	
Special Education							P: _____ m/ _____ h	
							O: _____ per	
Related							P: _____ m/ _____ h	
							O: _____ per	
Related							P: _____ m/ _____ h	
							O: _____ per	
Related							P: _____ m/ _____ h	
							O: _____ per	
Related							P: _____ m/ _____ h	
							O: _____ per	
Related							P: _____ m/ _____ h	
							O: _____ per	
Career/Tech Ed							P: _____ m/ _____ h	
							O: _____ per	
Career/Tech Ed							P: _____ m/ _____ h	
							O: _____ per	
Career/Tech Ed							P: _____ m/ _____ h	
							O: _____ per	

Discussion of delivery for all school year services:

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**V. SERVICES**

Maryland State Department of Education (MSDE) Division of Special Education/Early Intervention Services (Effective July 1, 2007)

Name: Sample

Student

Agency: Montgomery County Public Schools

IEP Team Meeting Date:

**ESY SERVICES**

Service Nature	Location	Service Description			Begin Date	End Date	Provider(s) P = Primary, O = Other	Summary of Service
		Sessions	Length of Time	Frequency				
Special Education							P: _____ m/ _____ h	
							O: _____ per	
Special Education							P: _____ m/ _____ h	
							O: _____ per	
Special Education							P: _____ m/ _____ h	
							O: _____ per	
Special Education							P: _____ m/ _____ h	
							O: _____ per	
Related							P: _____ m/ _____ h	
							O: _____ per	
Related							P: _____ m/ _____ h	
							O: _____ per	
Related							P: _____ m/ _____ h	
							O: _____ per	
Related							P: _____ m/ _____ h	
							O: _____ per	
Related							P: _____ m/ _____ h	
							O: _____ per	
Career/Tech Ed							P: _____ m/ _____ h	
							O: _____ per	
Career/Tech Ed							P: _____ m/ _____ h	
							O: _____ per	
Career/Tech Ed							P: _____ m/ _____ h	
							O: _____ per	

Discussion of delivery for all ESY services:

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

VI. PLACEMENT DATA

Maryland State Department of Education (MSDE) Division of Special Education/Early Intervention Services (Effective July 1, 2007)

Name: Sample

Student

Agency: Montgomery County Public Schools

IEP Team Meeting Date:

LEAST RESTRICTIVE ENVIRONMENT (LRE) DECISION MAKING & PLACEMENT SUMMARY

A student with a disability is not removed from general education in an age-appropriate instructional setting solely because of needed modifications to the general curriculum.

What placement options did the IEP team consider?

If removed from the general education environment, explain reasons why services cannot be provided in the general education environment with the use of supplementary aids and services:

Document basis for decision(s):

$$\left\{ \begin{array}{l} \text{Total time in} \\ \text{school week:} \end{array} \right. \text{ \_\_\_\_\_ hrs. \_\_\_\_\_ minutes/week } - \left\{ \begin{array}{l} \text{Total time outside} \\ \text{of General Education:} \end{array} \right. \text{ \_\_\_\_\_ hrs. \_\_\_\_\_ minutes/week } = \left\{ \begin{array}{l} \text{Total time in} \\ \text{General Education:} \end{array} \right. \text{ \_\_\_\_\_ hrs. \_\_\_\_\_ minutes/week }$$

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Special education placement (ages 3-5):<br>Average \_\_\_\_\_ %/day  | <input type="checkbox"/> IN REGULAR EARLY CHILDHOOD SETTING (at least 80%)  | <input type="checkbox"/> PUBLIC SEPARATE DAY SCHOOL   | <input type="checkbox"/> HOME                                |
|   | <input type="checkbox"/> IN REGULAR EARLY CHILDHOOD SETTING (40% - 79%)     | <input type="checkbox"/> PRIVATE SEPARATE DAY SCHOOL  | <input type="checkbox"/> SERVICE PROVIDER LOCATION           |
|   | <input type="checkbox"/> IN REGULAR EARLY CHILDHOOD SETTING (less than 40%) | <input type="checkbox"/> PUBLIC RESIDENTIAL FACILITY  |  |
|   | <input type="checkbox"/> SEPARATE CLASS                                     | <input type="checkbox"/> PRIVATE RESIDENTIAL FACILITY |  |
| <input type="checkbox"/> Special education placement (ages 6-21):<br>Average \_\_\_\_\_ %/day | <input type="checkbox"/> INSIDE GENERAL EDUCATION (80% or more)             | <input type="checkbox"/> PUBLIC SEPARATE DAY SCHOOL   | <input type="checkbox"/> PRIVATE RESIDENTIAL FACILITY        |
|   | <input type="checkbox"/> INSIDE GENERAL EDUCATION (40% - 79%)               | <input type="checkbox"/> PRIVATE SEPARATE DAY SCHOOL  | <input type="checkbox"/> HOMEBOUND PLACEMENT                 |
|   | <input type="checkbox"/> INSIDE GENERAL EDUCATION (less than 40%)           | <input type="checkbox"/> PUBLIC RESIDENTIAL FACILITY  | <input type="checkbox"/> CORRECTIONAL FACILITIES             |
|   |   |   | <input type="checkbox"/> PARENTALLY PLACED IN PRIVATE SCHOOL |
|   |   |   | <input type="checkbox"/> HOSPITAL PLACEMENT                  |

In selecting the LRE, are there any potential harmful effects on the student or quality of services he or she needs?  YES  NO If yes, document basis for decision(s):

Are the services *in* the student's home school (the school the student would attend if not disabled)?  YES  NO If no, add documentation basis for decision(s):

If no, is placement as *close as possible to* the student's home?  YES  NO If no, document basis for decision(s):

Is special transportation needed?  YES  NO If yes, list all specialized equipment, if needed:

Are personnel needed to assist the student during transportation?  YES  NO If yes, explain:

Document basis for decision(s) (including consideration of the amount of time and distance involved in travel):

Provide an explanation to the extent, if any, the student will not participate with non-disabled peers in academic, non-academic, and extracurricular activities?

SSIS Residence County \_\_\_\_\_ SSIS Residence School \_\_\_\_\_  
 SSIS Service County \_\_\_\_\_ SSIS Service School \_\_\_\_\_

CHILD COUNT ELIGIBILITY CODES

- (1) Eligible student with a disability served in a public school or placed in a nonpublic school by the public agency to receive FAPE.
- (2) Eligible parentally placed private school student with a disability receiving special education and/or related service through a service plan from the public agency.
- (3) Eligible parentally placed private school student with a disability NOT receiving service from the public agency.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

VII. AUTHORIZATION(S)

Maryland State Department of Education (MSDE) Division of Special Education/Early Intervention Services (Effective July 1, 2007)

Name: Sample

Student

Agency: Montgomery County Public Schools

IEP Team Meeting Date:

AUTHORIZATION(S)

CONSENT FOR INITIATION OF SERVICES (initial IEP only)

I have received a copy of the Evaluation Report informing me in writing of the reasons for this action.

The special education and related services will be provided as described in the IEP. I understand that the IEP will be reviewed periodically but not less than annually.

I understand that records will not be released without my signed and written consent except under the provisions of the Family Education Rights and Privacy Act (FERPA). This law allows the release of educational records to a public school or educational agency.

I understand that my consent is voluntary and that I may revoke consent at any time. Should I revoke consent it is not retroactive.

I understand that the public agency will submit information that will be used for the special services information system. This system will be used by the MSDE and other State Agencies, as appropriate, to enable funding of programs and to assure my child's rights to any needed assessment.

I have been informed of the determination(s) of the IEP team in my native language or other mode of communication.

I have been informed of my rights, as explained in the Procedural Safeguards - Parental Rights document, I have received.

I consent to the initiation of special education and related services for my child, as specified in my child's IEP.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MEDICAL ASSISTANCE (MA)

Is the student eligible for MA?  YES  NO MA Number: \_\_\_\_\_

I agree to Service Coordination for Children with Disabilities and that the Service Coordinator(s) identified on this IEP may be appointed as MA Services Coordinator(s). (COMAR 10.09.52)

I understand that I am free to choose an MA Service Coordinator for my child. At this time, I accept the following Service Coordinator(s):

MA Service Coordinator Name: \_\_\_\_\_ MA Service Coordinator Name: \_\_\_\_\_

I understand that if I wish to change the MA Service Coordinator in the future, I can call the school to make a change.

I understand that the purpose of this service is to assist in gaining access to needed medical, social, educational, and other services.

I give permission to the local school system to recover costs from Medicaid for service coordination, as well as health-related services, related to the implementation of my child's IEP goal.

I understand that if I refuse to allow the provider agency access to MA funds, it does not relieve the provider agency of its responsibility to ensure that all required services are provided to my child at no cost to parent.

I understand that this service does not restrict or otherwise affect my child's eligibility for other MA benefits. I also understand that my child may not receive a similar type of case management service under MA if he/she qualifies for more than one type.

I understand that the public agency will submit information that will be used for the special services information system. This system will be used by the MSDE and other State Agencies, as appropriate, to enable funding of programs and to assure my child's rights to any needed assessment.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Special Education 301-279-3166  
 Montgomery County Public Schools  
 850 Hungerford Drive Rockville, MD 20850

**INDIVIDUALIZED EDUCATION PROGRAM  
 PRIOR WRITTEN NOTICE**

Student Name: <u>Student</u>	Sample	ID#: <u>000000</u>	DOB: <u>5/14/1994</u>	Meeting Date: _____
<i>Last</i>	<i>First</i>	<i>MI</i>		

The Individuals with Disabilities Education Act (IDEA 2004) requires an Individualized Educational Program (IEP) Team to provide prior written notice (PWN) to the parent of a student with a disability before the public agency proposes or refuses to initiate or change the identification, evaluation, educational placement of the student, or the provision of a free appropriate public education (FAPE) to the student. The Montgomery County Public Schools (MCPS) prior written notice consists of:

- the proposals and the rationales for those proposals documented throughout the IEP forms and reproduced below;
- recommendations or requests that were considered but rejected by the IEP Team, if any, and the rationale for the rejection as indicated below.

Please be aware that parents of children with disabilities have protection under the procedural safeguards of IDEA 2004. A copy of the *Procedural Safeguards - Parental Rights brochure is available in every school and the MCPS website at: <http://www.mcps.k12.md.us/departments/specialed/safeguards.shtm>*. If you need assistance in understanding your parental rights, you may contact the MCPS Equity Assurance and Compliance Unit at 301-517-5864.

<b>TOPIC</b>	<b>DECISION AND RATIONALE</b>
Eligibility	
District/Statewide Assessments	
AT Devices and Services	
Services for Blind or Visually Impaired Students	
Services for Deaf/HOH Students	
Behavioral Interventions	

Special Education 301-279-3166  
 Montgomery County Public Schools  
 850 Hungerford Drive Rockville, MD 20850

INDIVIDUALIZED EDUCATION PROGRAM  
 PRIOR WRITTEN NOTICE

Student Name: Student Sample ID#: 000000 DOB: 5/14/1994 Meeting Date: \_\_\_\_\_  
*Last First MI*

TOPIC	DECISION AND RATIONALE
Services for LEP Students	
Instructional and Testing Accommodations-Presentation	
Instructional and Testing Accommodations-Response	
Instructional and Testing Accommodations-Timing and Scheduling	
Instructional and Testing Accommodations-Setting	
Instructional and Testing Accommodations-None required	
Delivery and Supplementary Aids and Services	

Special Education 301-279-3166  
 Montgomery County Public Schools  
 850 Hungerford Drive Rockville, MD 20850

INDIVIDUALIZED EDUCATION PROGRAM  
 PRIOR WRITTEN NOTICE

Student Name: Student Sample ID#: 000000 DOB: 5/14/1994 Meeting Date: \_\_\_\_\_  
*Last First MI*

TOPIC	DECISION AND RATIONALE
Eligibility for ESY Services	
Post-Secondary Transition	
Delivery for All Services	
LRE: Removal from General Education	
LRE: Potential Harmful Effects of the Setting	
LRE: Services in Home School	
LRE: Placement as Close as Possible to Student's Home	
Transportation	
Other Topics Discussed	
ANY OPTIONS DISCUSSED AND DECLINED	DECISION AND RATIONALE



Special Education 301-279-3166  
 Montgomery County Public Schools  
 850 Hungerford Drive Rockville, MD 20850

**STUDENT ACCOUNTABILITY FOR THE  
 GENERAL CURRICULUM IN GRADES 1-5  
 INDIVIDUALIZED EDUCATION PROGRAM**

Student Name: Student \_\_\_\_\_ ID#: 000000 \_\_\_\_\_ DOB: 5/14/1994 \_\_\_\_\_ Meeting Date: \_\_\_\_\_  
*Last First MI*

This form specifies the extent to which the student with a disability in **Grades 1-5** will be instructed, Assessed and graded for the purpose of reporting on the acquisition of the grade level expectations of the MCPS curriculum.

**DIRECTIONS:** Complete this form at the conclusion of each IEP team meeting at which an IEP has been developed for a student with a disability in Grades 1-5. In making the decision about the student's accountability for the general curriculum, the IEP team 1) considers the student's present levels of academic achievement and functional performance and the instructional and testing accommodation the student requires; 2) indicates the extent to which the student will be instructed, assessed, and graded in reading/language arts and mathematics by checking box 1, 2, or 3 for each instructional area...

<b>INSTRUCTIONAL AREA</b>	1. Grades based on instruction and assessment on the <i>grade level expectations</i> identified in the <b>general curriculum of the student's grade level placement</b>	2. Grades based on instruction and assessment on the <i>grade level expectations</i> identified in the <b>general curriculum of a grade level other than the student's grade level placement</b>	3. Grades based on instruction and assessment on all <i>grade level expectations</i> in the <b>fundamental life skills curriculum</b> adapted from the MCPS general curriculum
Reading/Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Education 301-279-3166  
Montgomery County Public Schools  
850 Hungerford Drive Rockville, MD 20850

ADDENDUM TO SPECIAL EDUCATION FORMS

Student Name: Sample Student                      ID #: 000000 DOB: 5/14/1994 Meeting Date:                     

**INSTRUCTIONS:** Use this addendum when additional space is needed on an IEP Team Meeting Form. Enter the reference to the form being continued. Attach this addendum to the form.

[Empty space for writing instructions and details]

