



## INDIVIDUALIZED EDUCATION PROGRAM

(For students age 13 and over, include Transition considerations)

DEMOGRAPHIC INFORMATION						
Date of Meeting	Initial/Most Recent Re-determination IEP Date:	Date of Last IEP	Birthdate	Ethnic Group	Gender	Grade
Initiation of Services:		Duration of Services:		Age		
Student's Last Name		First Name		Initial	Student's ID#:	Student's UIC #:
Student's Home Address			City	State	Zip Code	
Parent/Guardian/Surrogate		Relationship to Student	Native Language or Other Communication Mode			
Address		Email Address				
Phone Numbers	Home:	Work:	Cell:			
Parent/Guardian/Surrogate		Relationship to Student	Native Language or Other Communication Mode			
Address		Email Address				
Phone Numbers	Home:	Work:	Cell:			
Resident District	Operating District		Residential Status		Attending Building	

### PURPOSE OF MEETING

The purpose of this meeting includes:

### PARENT CONTACT

A written invitation/notice, including purpose of meeting, role of participants and procedural safeguards was sent to parent/guardian/student:

By \_\_\_\_\_ Date \_\_\_\_\_

Additionally, the following effort was made to arrange a mutually agreeable time and place of meeting:

Method \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_ Result \_\_\_\_\_

### ELIGIBILITY

This IEP team determines this student to be:

“ ELIGIBLE due to:

\_\_\_\_\_

“ INELIGIBLE

If the student is determined ineligible as a student with a Specific Learning Disability (SLD), provide a statement of the basis for the determination of ineligibility:

If the student is determined eligible as a student with a Specific Learning Disability (SLD), indicate areas:

Determination of eligibility was made in accordance with IDEA regulations at § 300.306 (c)(1).

Primary Educational Setting: \_\_\_\_\_

**Student Name:**

**IEP Date:**

**ID:**

**STUDENT PROFILE**

In determining both eligibility and need for special education services or programs, the IEP team must consider each of the following:

Describe **student's strengths** and **interests**:

Describe **parent concerns** for enhancing student's education:

Address **progress** on IEP goals and objectives:

N/A – This is an initial IEP

Consider academic/pre-academic achievement results of the most recent evaluation(s) including the most recent state- and/or district-wide assessments:

**PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (PLAAFP)**

After reviewing the results of an initial evaluation or the most recent reevaluation of the student and the student's progress in the general education curriculum, describe the student's present level of academic achievement and functional performance.

**BASELINE DATA**

In **area(s) of need**, report baseline data with same-age peer comparison such as curriculum-based assessments, student work, teacher observations, parent input, and other data scores that have been collected over time.

Explain how student accesses or makes progress in general education curriculum based on grade level content standards for the grade in which student is enrolled/would be enrolled based on need, or appropriate activities for preschool children.

**IMPACT AND RESULTING NEEDS**

In **area(s) of need**, describe how the student's academic, developmental, and functional levels **impact involvement** and **progress** in **general education curriculum** (or age-appropriate activities for preschool children) and **resulting needs**.

**READING**

Not applicable

Impact:  
Resulting Needs:

**MATHEMATICS**

Not applicable

Impact:  
Resulting Needs:

**WRITTEN EXPRESSION**

Not applicable

Impact:  
Resulting Needs:

**TRANSITION ASSESSMENT** - Age-appropriate related to training education, employment, and independent living skills.

Considered but NOT applicable

Impact:  
Resulting Needs:

**COMMUNICATION / SPEECH & LANGUAGE** - Consider the communication needs of the student including articulation, language development, augmentative communication and the language needs for a student with limited English.

Considered but NOT applicable

Impact:  
Resulting Needs:

**SOCIAL - EMOTIONAL / BEHAVIORAL** - Consider behavior that impedes student's learning or the learning of others and the need for positive behavioral interventions, supports, strategies, etc.

Considered but NOT applicable

Impact:  
Resulting Needs:

**PERCEPTION / MOTOR / MOBILITY** - Gross and fine motor coordination, balance, and limb/body mobility.

Considered but NOT applicable

Impact:  
Resulting Needs:

**ADAPTIVE / INDEPENDENT LIVING SKILLS** - Skills for academic success and independent living (where appropriate).

Considered but NOT applicable

Independence Level:    Functional    Supported    Participation  
Impact:  
Resulting Needs:

**MEDICAL** - Consider health, vision, hearing, or other physical/medical issues including the language/communication mode for a student who is deaf/hard of hearing and/or the need for Braille instruction.

Considered but NOT applicable

Impact:  
Resulting Needs:

**ASSISTIVE TECHNOLOGY** - Only if previously assigned, indicate low-/high-tech supports, devices, etc.

Considered but NOT applicable

Impact:  
Resulting Needs:

[ New AT devices and service needs were considered (see also Supplemental Aids).

Student Name:

IEP Date:

ID:

**SECONDARY TRANSITION CONSIDERATIONS**

**COURSE OF STUDY**

**Addressing Post-School Transition Needs for Post-Secondary Adult Activities** – Consider by **age 14** (age 13 or younger if determined appropriate by the IEP Team), and review at each subsequent IEP.

At this time the IEP Team has determined the student will be enrolled in classes with the future expectation to:

Anticipated graduation or completion date:

Comments:

**Invitations and Contacts**

If student is/will be 16 or older during this IEP, parent/guardian has been informed of possible agency involvement and consents to their participation at future meetings.

Agencies Invited (if any)	Date

Student Invitation By:

Method of Contact:

Date

If the student did not attend the IEP, the steps that were taken to ensure the consideration of the student's preferences and interests were:

**TRANSITION SERVICES**

**By age 16** (age 15 or younger if determined appropriate by the IEP Team) include a statement of needed transition services and review at each subsequent IEP.

Data Sources Used:

Educational Development Plan (EDP)

Transition Assessment(s) (specify):

Date Service Coordinator met with student to review and update the vision:

**Each of the four areas must be addressed. If services are NOT needed, indicate rationale.**

**GETTING READY FOR EMPLOYMENT**

(Considerations: related education, vocational training, and work-study)

After you finish school, what kind of work do you want to have?

Our plan for this year:

Person (Role)/Agency Responsible

**INSTRUCTION AND RELATED SERVICES**

(Considerations: planning, academic adaptations, college readiness, and related services needed for transition)

After high school, what, if any, additional education or training do you want to pursue?

Our plan for this year:

Person (Role)/Agency Responsible

**COMMUNITY INVOLVEMENT**

(Considerations: recreation/leisure activities, development of personal/social skills, and awareness of community resources)

As an adult, what hobbies and activities do you want to have?

Our plan for this year:

Person (Role)/Agency Responsible

**DAILY LIVING SKILLS**

**Student Name:**

**IEP Date:**

**ID:**

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(Considerations: self-care, future housing options, mobility/transportation, income and finances, and medical needs)  
As an adult, where do you want to live?

Our plan for this year:

Person (Role)/Agency Responsible

Parental Rights and Age of Majority (Check all that apply):

The student will be age 17 during this IEP and the student was informed of parental rights that will transfer to him/her at age 18.

The student has turned age 18 and the student and parent were informed of the parental rights that transferred to the student at age 18, including the right to invite a support person such as a parent, advocate, or friend.

The student has turned age 18 and there is a guardian established by court order. The guardian is

The student has turned age 18 and a legally designated representative has been appointed. The representative is: as

**Student Name:**

**IEP Date:**

**ID:**

Reporting Progress: [ The parent/guardian/surrogate will be regularly informed in writing of progress on goals and objectives of this IEP at the regular reporting periods applicable to general education students. Additional reporting:

**ANNUAL GOALS AND SHORT-TERM OBJECTIVES**

The purpose of these annual goals is to enable this student to be involved and progress in the general curriculum and/or to meet other educational needs resulting from his/her disability.

Area of need (PLAAFP):

Michigan Content Expectation(s) Upon Which Goal Will Be Based – List the appropriate GLCE, EGLCE, HSCE, EHSCE, or Preschool Outcome:

Position(s) responsible for implementing goal activities:

Position(s) responsible for reporting progress on goal:

Measurable Annual Goal:

Short-Term Objectives (at least two per goal)	Evaluation	Criterion	Schedule for evaluation

Student Name:

IEP Date:

ID:

**LEAST RESTRICTIVE ENVIRONMENT**

**SUPPLEMENTARY AIDS AND SERVICES, PROGRAM MODIFICATIONS OR SUPPORTS FOR SCHOOL PERSONNEL**

Supplementary aids and services are provided to enable the student:

- To advance appropriately toward attaining the annual goals.
- To be involved and progress in the general education curriculum and to participate in extra-curricular and other nonacademic activities.
- To be educated and participate in activities with other students with disabilities and nondisabled students.

Supplementary aids and services are not needed at this time.

The IEP Team has determined that the following supplementary aids/services and supports are needed:

<b>Ongoing Instruction and Assessment</b> <i>(Timing/Scheduling, Setting, Presentation, Response, Guidance)</i>	<b>Time, Frequency, Conditions, Circumstances</b>	<b>Setting/Location</b>

<b>Curriculum Supports and Adjustments</b> <i>(Curriculum, Directions, Grades, Assignments, Tests, Books, Guidance)</i>	<b>Time, Frequency, Conditions, Circumstances</b>	<b>Setting/Location</b>

<b>Environmental Supports/Modifications</b> <i>(Classroom Environment, Health-Related/Physical Needs, Transition)</i>	<b>Time, Frequency, Conditions, Circumstances</b>	<b>Setting/Location</b>

<b>Other Supports</b> <i>(Assistive Technology, Behavioral, Teacher, Social Interaction Supports, etc.)</i>	<b>Time, Frequency, Conditions, Circumstances</b>	<b>Setting/Location</b>

All aids/services/supports listed will begin on the initiation date of the IEP and continue for the duration of the IEP, following the approved school district calendar.

**STUDENT'S SERVICES AND PROGRAMS**

The services and programs listed will follow the approved School District calendar, **and are pursuant to ISD plan. Provide rationale for duration of program/service(s), if different from regular school year:**

<b>SERVICES</b>					
Service	Amount of Time/Frequency	Provider	Initiation	Duration	Location/Setting

<b>PROGRAMS</b>					
Program	Amount of Time/Frequency	Provider	Initiation	Duration	Location/Setting

Except for the time spent in special education services and/or programs provided outside the general education classroom will this student fully participate with non-disabled peers in general education classes and activities?

Yes No If no, explain:

**EXTENDED SCHOOL YEAR (ESY) SERVICES**

ESY services were considered.

It was determined that no ESY services are needed.

Current annual goals address one or more skills that require ESY services (which are listed above). Provide rationale for ESY services.

ESY has not yet been determined—data will be collected and a decision made in an IEP or Amendment to be held by .

**Student Name:** \_\_\_\_\_

**IEP Date:** \_\_\_\_\_

**ID:** \_\_\_\_\_

**OTHER CONSIDERATIONS**

[ **The IEP Team** considered the need for a teacher with a particular endorsement.

**Resource Program:** Is a Teacher Consultant with endorsement matching the student’s disability needed? [ No Yes, explain:

**Departmentalized Program:** No Yes

**Nonpublic School Students** – Identify programs/services offered by the district but not provided because the parent elected to enroll the child in a nonpublic school:

**Transportation:** Is specialized transportation required?

No, general education transportation is sufficient to meet this student's needs, or no transportation is required.

Yes, special transportation is required due to this student's: (*check any/all that apply*)

medical needs health needs developmental needs behavioral needs

Details:

**STATE / DISTRICT-WIDE ASSESSMENTS**

**The student will participate in the Michigan Educational Assessment System and district-wide assessments as follows:**

MEAP, MEAP-Access, MI-Access or MME is not given at the age/grade levels covered by this IEP (Grades Pre-K-2, 10, 12).

Assessment Area	Appropriate Assessment	Necessary Accommodations
<b>Reading</b> (Gr. 3-8, 11)		
<b>Writing</b> (Gr. 4, 7, 11)		
<b>Math</b> (Gr. 3-8, 11)		
<b>Science</b> (Gr. 5, 8, 11)		
<b>Social Studies*</b> (Gr. 6, 9, 11)		

\*If the MEAS Social Studies Assessment is inappropriate for the student, the IEP team MUST identify a district-determined assessment

Rationale for any alternate assessments (i.e., MI-Access) selected:

District-wide assessments are not given at the age/grade levels covered by this IEP.

District-Wide Assessment	District-Wide Assessment is Appropriate?	If <b>not checked</b> , state the reason why the district-wide assessment is inappropriate and indicate the appropriate alternate assessment, if any.	Accommodation

**ENGLISH LANGUAGE PROFICIENCY ASSESSMENT (ELPA)\*\***

[ The student is NOT an English Language Learner; therefore the ELPA will not be administered.

The student IS an English Language Learner who has been in the United States for \_\_\_\_\_ years and \_\_\_\_\_ months.

Therefore, the student WILL participate in the ELPA.

\*\*The ELA portion of the MEAP may be replaced with the ELPA if a student has been in the United States for 12 months or less.

**ADDITIONAL COMMENTS**

**Dissenting report:** Any participant in the committee's deliberations who disagrees, in whole or in part, with the committee's determination may indicate the reasons by submitting a written statement to be attached to the IEP team report.

**Student Name:** \_\_\_\_\_

**IEP Date:** \_\_\_\_\_

**ID:** \_\_\_\_\_

**PARTICIPANT SIGNATURES**

Participant Signatures	Title	

An individual who can interpret the instructional implications of the most recent evaluation results

Parent and District Agreement on Attendance Not Necessary

These members are absent; their curricular area/related services are not being modified or discussed in the meeting:

Parent and District Agreement on Excusal Prior to Meeting

These members are absent and have submitted written input to the IEP team, including the parent, prior to the meeting:

The district ensures that, to the maximum extent appropriate, the student will be educated with students who are nondisabled; and special classes, separate schools, or other removal of the student from the general education environment occurs only when the student's needs cannot be met satisfactorily in general education with supplemental aids and services.

**DISTRICT REQUIREMENTS**

Staff responsible for implementation: \_\_\_\_\_ Initial implementation site: \_\_\_\_\_  
Beginning date (m/d/y): \_\_\_\_\_ Ending Date (m/d/y): \_\_\_\_\_  
Exit Date: \_\_\_\_\_ Exit Reason: \_\_\_\_\_

**IEP ADJOURNMENT**

This IEP was adjourned. Parent/Guardian Initial: \_\_\_\_\_ Date(s) Reconvened: \_\_\_\_\_  
Reason for Adjournment: \_\_\_\_\_





Student Name:

IEP Date:

ID:

**ANNUAL/REVIEW OR REEVALUATION IEP  
Notice for Provision of Services and Programs**

The *Individuals with Disabilities Education Act* (IDEA) mandates that the district provide written notice to the parent when the district proposes to change the educational placement of the student or the provision of a Free Appropriate Public Education (FAPE) to the student; or when they refuse to change the educational placement of the student or the provision of a FAPE to the student.

You are receiving this notice because we are offering the provision of a FAPE. The services and programs will begin on and will be located at . This proposal is the result of the Individualized Education Program (IEP) team meeting, dated , that was convened for the purpose of: .  
Other reasons that apply:

You are receiving this notice because your child was found ineligible for special education services and programs at the Individualized Education Program (IEP) team meeting, dated , that was convened for the purpose of a reevaluation IEP.

The IEP describes each evaluation procedure, assessment, record, or report used in this offer of a FAPE. In the course of the development of the IEP, were other options (e.g., services and programs, supplementary aids and services) considered but refused?

No. Other options were not considered and refused.

Yes. Options considered but not selected are documented below:

Option Considered but Not Selected	Reason Not Selected

Other factors that are relevant to the district's proposal or refusal (describe):

**DISTRICT'S OFFER OF FAPE**

**If the IEP team has determined that services and programs will be provided in a district other than the student's district of residence:**

The resident district authorizes/authorized the operating district to conduct subsequent IEP team meetings.

The resident district will conduct subsequent IEP team meetings.

N/A - The services and programs will be provided in the student's district of residence.

This notice and the student's IEP constitute the district's offer of a FAPE.

Signature of Superintendent or Designee \_\_\_\_\_ Date \_\_\_\_\_

The Procedural Safeguards Notice you received describes protections under the IDEA. The Procedural Safeguards Notice is also available at [https://www.michigan.gov/documents/mde/Procedural\\_Safeguards\\_Notice\\_550307\\_7.pdf](https://www.michigan.gov/documents/mde/Procedural_Safeguards_Notice_550307_7.pdf).

The following sources are available to assist you in understanding your rights:

If you have any questions, please contact: , at

# Progress Report

Student Name: \_\_\_\_\_

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

ID: \_\_\_\_\_

## Progress Report Period Dates

Period	1	2	3	4	5
Date					

## Progress Report Codes

Code	Description

Area of Need (PLAAFP):

Goal:

Comments:

Objective:

Period	1	2	3	4	
Progress					

**Student Name:** \_\_\_\_\_ **IEP Date:** \_\_\_\_\_ **ID:** \_\_\_\_\_

**ADDITIONAL CONSENT**

**Your consent is needed for the following:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian/Surrogate/Student (month/day/year)

**Student Name:** \_\_\_\_\_

**IEP Date:** \_\_\_\_\_

**ID:** \_\_\_\_\_

**Transportation and Supplemental Services**

<b>SERVICES</b>				
<b>Service</b>	<b>Provider</b>	<b>Initiation</b>	<b>Duration</b>	<b>Location/Setting</b>

**Student Name:**

**IEP Date:**

**ID:**

**OPTIONS CONSIDERED AND REJECTED (PRIOR WRITTEN NOTICE)**

1. Description of the action that the school district proposes or refuses to take:
2. Explanation of why the school district is proposing or refusing to take that action:
3. Description of each evaluation procedure, assessment, record, or report the school district used in deciding to propose or refuse the action:
4. Description of any other choices that the Individualized Education Program (IEP) Team considered and the reasons why those choices were rejected:
5. Description of the reasons why the school district proposed or refuse the action:
6. Resources for the parents to contact for help in understanding Part B of the IDEA:
7. If this notice is not an initial referral for evaluation, how the parent can obtain a copy of a description of the procedural safeguards: