



Draft

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

<input type="checkbox"/> Initial	<input type="checkbox"/> Subsequent	From: _____	To: _____	<input type="checkbox"/> Interim	<input type="checkbox"/> Amendment	<input type="checkbox"/> In State Transfer
Name of Student: _____		District ID _____	State Testing Number (STN): _____			
Birthdate: _____		Grade: _____	Age: _____			
Primary Disability: _____						
Parents: _____						
Phone: (Work) _____		(Home) _____	(Cell) _____			
Parents Email Address: _____						
Home Address: _____		District/Agency: 55I001				
School Site: _____		Site Code: _____	IEP Teacher of Record: _____			

OVERALL OBJECTIVE STATEMENTS

Document current evaluation data and write objective statements, (may include most recent statewide and districtwide assessments) to demonstrate how the child's disability affects the child's involvement, functional performance, and progress in the general education curriculum and postsecondary transition, as appropriate. For students of transition age, document transition assessment results as they relate to the postsecondary goal(s). For preschool children, describe how the disability affects the child's participation in age appropriate activities.

....EASYFAX

EasyFax Number: 877-892-7251



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CURRENT ASSESSMENTS

According to the review of the current assessment data and the team's decision, this student will participate in an Alternate Assessment. ☐ Yes ☐ No

Present Level of Academic Achievement and Functional Educational Performance: Document current evaluation data and write objective statements, (may include most recent statewide and districtwide assessments) to demonstrate how the child's disability affects the child's involvement and progress in the general education curriculum and postsecondary transition, as appropriate. For students of transition age, document transition assessment results as they relate to the postsecondary goal(s). For preschool children, describe how the disability affects the child's participation in age appropriate activities.

Assessment Area: _____

Assessment: _____

Component:	Date of Assessment:	Score Type(s):	Score(s) Reported:

Assessment Narrative:

Assessment Area: _____

Assessment: _____

Component:	Date of Assessment:	Score Type(s):	Score(s) Reported:

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Assessment Narrative:

Assessment Area: _____

Assessment: _____

Component:	Date of Assessment:	Score Type(s):	Score(s) Reported:

Assessment Narrative:

Assessment Area: _____

Assessment: _____

Component:	Date of Assessment:	Score Type(s):	Score(s) Reported:
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Assessment Narrative:

Assessment Area _____

Assessment _____

Component:	Date of Assessment:	Score Type(s):	Score(s) Reported:

Assessment Narrative:

CURRENT DESCRIPTIVE INFORMATION

List strengths of the child and a statement of the anticipated effects on the child's participation in the general education curriculum or appropriate activities.

Strengths:

Anticipated Effects:

List the educational needs resulting from the child's disability, which may require special education, related services, supplementary aids, supports for personnel, or modifications.

Parent Concerns for Enhancing the Child's Education:

CONSIDERATION OF SPECIAL FACTORS FOR IEP DEVELOPMENT

Yes	No	The following special factors have been considered by the IEP team with relevance to this child.
<input type="checkbox"/>	<input type="checkbox"/>	1. Does the student have limited English proficiency? 1a. If yes, what is his/her primary mode of language?
<input type="checkbox"/>	<input type="checkbox"/>	2. Is the student blind or visually impaired? 2a. Does the student need instruction in Braille? Yes
<input type="checkbox"/>	<input type="checkbox"/>	3. Does the student have communication needs? 3a. If the student has special communication needs, describe:

<input type="checkbox"/> <input type="checkbox"/>	<p>4. Is the student deaf or hard of hearing?</p> <p>4a. If the student is deaf or hard of hearing, did the IEP Team consider the student's language and communication needs?</p> <p>4b. If the student is deaf or hard of hearing, did the IEP Team consider opportunities for direct communications with peers and professional personnel in the student's language and communication mode?</p> <p>4c. If the student is deaf or hard of hearing, did the IEP Team consider necessary opportunities for direct instruction in the student's language and communication mode?</p>
<input type="checkbox"/> <input type="checkbox"/>	<p>5. Has the team determined that Assistive Technology is necessary to implement the student's IEP?</p> <p>5a. If Assistive Technology is required to implement the IEP, describe the Assistive Technology, devices and services that are needed.</p> <p>Describe any assistive technology that may be necessary in order to implement any services or supports that are part of the Contingency Plan:</p>

<input type="checkbox"/> <input type="checkbox"/>	<p>6. Does the student's behavior impede his/her learning or that of others?</p> <p>6a. If the student's behavior impedes their learning or the learning of others, the IEP Team has addressed the student's behavior in the following way(s):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Functional Behavior Assessment <input type="checkbox"/> Behavior Intervention Plan <input type="checkbox"/> Accommodations <input type="checkbox"/> Goals and Objectives <input type="checkbox"/> Other <p>Describe any behavioral supports that may be necessary as part of the Contingency Plan:</p>
<input type="checkbox"/> <input type="checkbox"/>	<p>7. For any primary question above marked yes, are services required in the IEP?</p> <p>7a. If yes, define services that will be provided through this IEP.</p>

ANNUAL GOALS

Annual Goal: .				1 of 5
Area of Need:	Person/Position Responsible:			ESY:
How will progress be measured?	Evaluation Procedure	Score Type	Target Score	
Overall Goal Comments:				
Informed Progress:			Frequency:	
Progress Report				

Annual Goal:	2 of 5
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Area of Need:s	Person/Position Responsible:			ESY:
How will progress be measured?	Evaluation Procedure	Score Type	Target Score	
Overall Goal Comments:				
Informed Progress:			Frequency:	
Progress Report				

Annual Goal:				3 of 5
Area of Need:	Person/Position Responsible:			ESY:
How will progress be measured?	Evaluation Procedure	Score Type	Target Score	
Overall Goal Comments:				
Informed Progress:			Frequency:	
Progress Report				

Annual Goal:				4 of 5
Area of Need:	Person/Position Responsible:			ESY:
How will progress be measured?	Evaluation Procedure	Score Type	Target Score	
Overall Goal Comments:				
Informed Progress:			Frequency:	
Progress Report				

Annual Goal: .				5 of 5
Area of Need:	Person/Position Responsibles			ESY:
How will progress be measured?	Evaluation Procedure	Score Type	Target Score	
Overall Goal Comments:				
Informed Progress:			Frequency:	
Progress Report				

TRANSITION SERVICES PLAN

Strengths, Preferences, Interests, and Needs Based on Present Levels of Performance and Age Appropriate Transition Assessments.

Transition Needs (specific needs based on results from transition assessments), Preferences, Strengths, Interests (this should include information not already documented in the Present Levels section):

Desired Post-Secondary/Outcome Completion Goals

Education/Training: Upon graduation from high school, I will

Employment: Upon graduation from high school, I will

Independent Living (if appropriate): Upon graduation from high school, I will

Community Participation (if appropriate): Upon graduation from high school, I will

TRANSITION GOALS

OK Promise

Student plans on enrolling in the Oklahoma's Promise program.

Curriculum Participation

Select Curriculum:

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Course of Study				
8th	9th	10th	11th	12th

Transition Services and Coordinated Activities					
Transition Area	Transition Service/Coordinated Activities	Person Responsible		Anticipated Completion Date	Contingency
Education					<input type="checkbox"/>
Employment					<input type="checkbox"/>
Independent Living					<input type="checkbox"/>
Education					<input type="checkbox"/>
Employment					<input type="checkbox"/>
Community Participation					<input type="checkbox"/>

List and describe any accommodations necessary for Transition Services and Coordinated Activities:

Projected Date of Graduation/Type

Date:	
Type:	

Vocational Education/Rehabilitation	
In planning the course of study, has information been provided regarding opportunities for vocational education (e.g. high school vocational education courses, school-based training, work study programs, technology education, area career technology center programs?)	Person responsible for referral: _____ Date: _____
By age 16, the young adult has been referred to the vocational rehabilitation counselor in the young adult's school district and the parent(s) and young adult were provided a copy.	Person responsible for referral: _____ Date: _____ Name of the Vocational Rehabilitation Counselor (if known): _____

Invitation to Meetings	
Was the student invited to the meeting?	
Were members of outside agency(ies) paying for or providing secondary transition services invited to attend the IEP meeting (if appropriate)?	
If outside agency representatives were invited, was parent consent obtained?	

Transfer of Rights/Age of Majority	
By age 17, have young adult and parent(s) been informed of transfer of rights at age of majority?	

If no, explain why:

Comments:

SERVICES AND SUPPLEMENTAL AIDS

Special Education Services							
Specially Designed Instruction	Service Type	Number Sessions/ Session Length	Start Date/End Date	Provider Title	Location	ESY	Contingency
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Related Services							
Service Provided	Service Type	Number Sessions/ Session Length	Start Date/End Date	Provider Title	Location	ESY	Contingency
						<input type="checkbox"/>	<input type="checkbox"/>

Provide additional information, if necessary, to describe any services provided through Special Education - Virtual or Special Education - Distance that are not part of the contingency plan	
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Physical Education Program- Accommodations necessary for the child to participate in PE will be listed on the accommodations page under Physical Education:

☒ Regular PE ☐ Adapted PE ☐ N/A

ACCOMMODATIONS

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	With Accommodations
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STATE/DISTRICT MANDATED TESTS	
State/District Assessment	Accommodation(s)
	<p>With Accommodations</p> <ul style="list-style-type: none"> S1. Individual testing. S2. Small group testing (8-10 maximum). S3. Preferential seating. S4. Separate location. S5. Provide special lighting. S6. Provide adaptive or special furniture. T1. Flexible schedule same day. T2. Administer test over several sessions or "chunking" (except writing tasks/sections). P1a. Large print version. P1b. Contracted braille version. P1c. Large print through online testing client. P2. Color contrast. P3. Use of assistive technology (AT) devices or supports. P4a. Text-to-Speech built into online testing client (Math, Science, U.S. History, ELA Writing Grades 5 & 8).

OSTP - Grade 3-8 ELA

P4b. Human Reader (Math, Science, U.S. History, Grade 5 & 8 ELA writing sections only).
P4c. Sign Language Interpretation (Math, Science, U.S. History, Grade 5 & 8 ELA writing sections only).
P5. Use of Secure Braille Note-taker.
P6. Simplification/repetition/signage of directions.
P7. Turn off Universal Tools/Accessibility Features.
P8. Use of an Abacus.
P9. Use a calculator on Grades 3-5 Mathematics.
P10. Provide cues (arrows, stop signs) on answer form.
P11. Use masking or templates to reduce the amount of visible print.
P12. Secure paper to work area with tape or magnets.
P13. Student may read the test aloud or sign the test to himself or herself.
P14. Placeholders, template, or markers to maintain place.
P15. Audio calculator.
P16. Paper & Pencil test.
R1. Student marks answers in test book and not on an answer document, for later transfer by a Test Administrator to an answer document.
R2a. Student dictates response to a scribe who records responses on an answer document or through the Online Testing Client by Test Administrator/Proctor.
R2b. Student signs response to a scribe who records responses on an answer document or through the Online Testing Client by Test Administrator/Proctor.
R2c. Student tapes or records response for a writing portion of the test for verbatim transcription by Test Administrator/Proctor.
R3. Student utilizes an electronic input device without the "help" features, such as spell check, an electronic dictionary, a thesaurus, or access to the Internet.
R4. Test Administrator monitors placement of student responses on the answer document or the Online Testing Client.
R5. Braille/Secure, Braille Note-taker/Abacus.
Text-to-Speech/ELA - Reading Read-Aloud Accommodation (NS1. Grade 3-8 Multiple Choice - State approval is required).
NS2. Unique Accommodations (require prior OSDE approval).
T3. Allow frequent breaks during one test session (maximum 10-15 min. duration).

With Accommodations

- S1. Individual testing.

OSTP - Grade 3-8 Math

- S2. Small group testing (8-10 maximum).
- S3. Preferential seating.
- S4. Separate location.
- S5. Provide special lighting.
- S6. Provide adaptive or special furniture.
- T1. Flexible schedule same day.
- T2. Administer test over several sessions or "chunking" (except writing tasks/sections).
- P1a. Large print version.
- P1b. Contracted braille version.
- P1c. Large print through online testing client.
- P2. Color contrast.
- P3. Use of assistive technology (AT) devices or supports.
- P4a. Text-to-Speech built into online testing client (Math, Science, U.S. History, ELA Writing Grades 5 & 8).
- P4b. Human Reader (Math, Science, U.S. History, Grade 5 & 8 ELA writing sections only).
- P4c. Sign Language Interpretation (Math, Science, U.S. History, Grade 5 & 8 ELA writing sections only).
- P5. Use of Secure Braille Note-taker.
- P6. Simplification/repetition/signage of directions.
- P7. Turn off Universal Tools/Accessibility Features.
- P8. Use of an Abacus.
- P9. Use a calculator on Grades 3-5 Mathematics.
- P10. Provide cues (arrows, stop signs) on answer form.
- P11. Use masking or templates to reduce the amount of visible print.
- P12. Secure paper to work area with tape or magnets.
- P13. Student may read the test aloud or sign the test to himself or herself.
- P14. Placeholders, template, or markers to maintain place.
- P15. Audio calculator.
- P16. Paper & Pencil test.
- R1. Student marks answers in test book and not on an answer document, for later transfer by a Test Administrator to an answer document.
- R2a. Student dictates response to a scribe who records responses on an answer document or through the Online Testing Client by Test Administrator/Proctor.
- R2b. Student signs response to a scribe who records responses on an answer document or through the Online Testing Client by Test Administrator/Proctor.

R2c. Student tapes or records response for a writing portion of the test for verbatim transcription by Test Administrator/Proctor.
 R3. Student utilizes an electronic input device without the "help" features, such as spell check, an electronic dictionary, a thesaurus, or access to the Internet.
 R4. Test Administrator monitors placement of student responses on the answer document or the Online Testing Client.
 R5. Braille/Secure, Braille Note-taker/Abacus.
 Text-to-Speech/ELA - Reading Read-Aloud Accommodation (NS1. Grade 3-8 Multiple Choice - State approval is required).
 NS2. Unique Accommodations (require prior OSDE approval).
 T3. Allow frequent breaks during one test session (maximum 10-15 min. duration).

Documentation of LRE Placement Considerations

The Continuum of Placements for the least restrictive environment (LRE) includes regular classes full-time, special classes part-time or full-time, public/private separate day school facility, public/private residential facility, home instruction/hospital environment, correctional facility, or parentally placed in private schools.

Provide an explanation below of the extent, if any, to which the child will not participate with nondisabled students in the general education curriculum or age appropriate activities:

Describe continuum of placements considered and reasons determined not appropriate:

Explain considerations of potential harmful effect on the child or the quality of services needed:	
Define below any supplementary aids and services, program modifications and/or supports for personnel in general education or other education-related settings not otherwise addressed as special education or related services:	
When special classes, separate schools/facilities, or other removal from the general education environment occurs, describe how the nature and severity of the disability is such that education in the general education classes, with the use of supplementary aids and services, cannot be achieved satisfactorily:	
Is this placement in the school where the student would normally attend if nondisabled?	

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Extended School Year	
Date ESY program was/will be determined:	
The Team has determined the following in regards to the student's eligibility for Extended School Year services:	

Contingency Plan This contingency plan may be put into effect upon site or district building closure, or may be initiated by the IEP team, including the parent, in the event of health/medical reasons, or other reasons. (if other, please specify) The school district will provide a written notice to parents at the time, noting the specific dates the contingency plan will be in effect. The Contingency Plan may need to be modified under some circumstances as determined by the IEP team.	
Describe how services will be provided:	
Describe how progress will be monitored:	
Describe how communication will take place between the school and the parent(s):	

<p>Describe any other considerations (including supplementary aids and supports, accommodations, assistive technology, behavioral interventions, etc.):</p>	
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TEAM PARTICIPANT SIGNATURES

The following individuals attended the IEP Team and participated in the development of this Individualized Education Program.

Position	Team Participant Signatures	Date	Agree	Disagree
Parent/Guardian	 <hr/>		<input type="checkbox"/>	<input type="checkbox"/>
Special Education Teacher	 <hr/>		<input type="checkbox"/>	<input type="checkbox"/>
General Education Teacher	 <hr/>		<input type="checkbox"/>	<input type="checkbox"/>
Administrative Representative	 <hr/>		<input type="checkbox"/>	<input type="checkbox"/>
Student	 <hr/>		<input type="checkbox"/>	<input type="checkbox"/>
*Team members who disagree may submit separate statements presenting their conclusions. (Complete Comment Form as necessary.)				

If parent(s) did not attend the IEP meeting, explain other methods to ensure parent participation (and/or child as appropriate):
(e.g., Conference call, videoconference, home visit)



INFORMED PARENTAL CONSENT

Parent(s) received <i>Parents Rights in Education</i> :	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent(s) received <i>Notice of Procedural Safeguards</i> .
<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent(s) received <i>Parent Survey</i> brochure.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent(s) have received information regarding the Lindsey Nicole Henry Scholarship.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Parent(s) of children with an auditory or visual impairment have received written information concerning the availability of programs at the Oklahoma School for the Deaf and/or the Oklahoma School for the Blind.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If student is participating in the Oklahoma Alternate Assessment Program (OAAP), parent(s) have received the OAAP Parent Brochure describing the alternate academic achievement standards and the Oklahoma Alternate Assessment Program.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Parent(s) have participated in the development of the Contingency Plan in place for the student and understand under what circumstances it will go into effect.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If the student is participating in the Oklahoma Alternate Assessment Program (OAAP) or is eligible but below third grade, parent(s) have received written information about the Developmental Disabilities Services Division (DDSD) Home and Community Services Waiver.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Translation/Interpretation needed.
Parent Initial: _____	

Parent Consent for initial placement (consent is voluntary and may be revoked at any time):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Parent Signature _____	Date: _____



ADDITIONAL MEETING ATTENDEES

Signature	Printed Name	Date	Purpose

