# Preschool/Elementary School

# INDIVIDUALIZED EDUCATION PROGRAM (iep)

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

StudentState ID #: DOB: Age:

Grade: Gender:  M  F Ethnicity:

Parent(s)/Guardian(s):

Address:

Home Phone: Work/Message Phone:

School: School Phone:

School Address:

bd08313_[1]**For child find/initial IEPs only:**

**Date of Transition Conference (C to B):**

**Date parent(s) signed consent for initial Part B evaluation:**

**Date initial Part B evaluation completed:**

**Initial eligibility determination date:**

bd08313_[1]Most Recent Evaluation Date: Next Evaluation Due:

IEP Meeting Purpose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Next Annual IEP Date:

Based on assessment and evaluation information and the IEP team determination of eligibility:

bd08313_[1]The **primary** disability is:

Autism  Deaf-Blindness  Intellectual Disability  Emotional Disturbance

Hearing Impairment  Deafness Multiple Disabilities  Orthopedic Impairment

Other Health Impairment Specific Learning Disability: \_\_\_ Dyslexia

Speech or Language Impairment Traumatic Brain Injury Visual Impairment/Blindness

Developmental Delay Speech Only

Exceptionality: Gifted

bd08313_[1]The **secondary** disability is:

Autism  Deaf-Blindness  Intellectual Disability  Emotional Disturbance

Hearing Impairment  Deafness Multiple Disabilities  Orthopedic Impairment

Other Health Impairment Specific Learning Disability: \_\_\_ Dyslexia

Speech or Language Impairment Traumatic Brain Injury Visual Impairment/Blindness

Developmental Delay

Exceptionality: Gifted

**STUDENT PROFILE**

**What do the parent and student envision as the student’s future?**

**Student/Family Vision Statement:**

**Post-Secondary Training & Learning:**

**Community Participation:**

**Recreation & Leisure:**

**Independent Living:**

**Note:** Completion of this section requires the IEP team to consider and describe the student’s academic and functional strengths and concerns as identified by the parent, student, teachers, related service staff, and other team members. The IEP team must consider additional information results from: state and district-wide assessments; initial or most recent evaluations; evaluations provided by the district, parents or guardians**,** and any extracurricular and non-academic areas that may be affected. For students entering pre-school, the team must consider Part C data and must invite at request of the parent the early intervening provider to the initial IEP (34 CFR §300.321(f)).

| **Domain** | **Information Provider** | **Strengths** | **Concerns / Recommendations** |
| --- | --- | --- | --- |
| **Academic/Learning Skills:**  -State and district-wide assessment  -Language assessment |  |  |  |
| **Career Awareness/ Readiness:** |  |  |  |
| **Recreation & Leisure:** (extra-curricular and  non-academic) |  |  |  |
| **Community Participation:** |  |  |  |
| **Independent Living/Self Help:** |  |  |  |
| **Positive Social Relationships:** |  |  |  |
| **Motor Development Skills:** (gross motor and fine motor skills**)** |  |  |  |
| **Other Areas:**  -Health considerations  -Attendance  -Observation |  |  |  |
| **Additional information considered by the IEP team:**  -Evaluations  provided by parent(s) or guardian(s**)**  -Psychological  Educational Evaluations and  Eligibility Determination  -Part C data and assessment information |  |  |  |

**CONSIDERATION OF SPECIAL FACTORS**

bd08313_[1]Is the student visually impaired (including blindness)?  **YES**  **NO**

If **YES**, is:  Instruction in Braille needed  Use of Braille needed  Both

Does the student have special oral and/or written communication needs?  **YES**   **NO**

If **YES**, describe the needs and services to be provided:

bd08313_[1]Is the student deaf or hard of hearing?  **YES**   **NO**

If **YES**, complete and attach the Addendum for Students who are Deaf or Hard of Hearing Communication Considerations form to the IEP*.*

bd08313_[1]Does the student have limited English proficiency?  **YES**  **NO**

If **YES**, describe the relationship of language needs and services to be provided:

Does the student have assistive technology needs?  **YES**  **NO**

If **YES**, describe devices and/or services required:

**DISCIPLINE**

Does the student exhibit behaviors that impede his or her learning or that of others?  **Yes**  **No**

If **yes**, the IEP team must consider the following questions, then decide which discipline **strategy** is most appropriate for the student.

1. Are positive behavioral interventions, strategies, and accommodations included in the IEP?  **Yes  No**

2. Are behavioral goals (with short-term objectives or benchmarks) when appropriate, included in the IEP?  **Yes  No**

3.Does a Functional Behavioral Assessment (FBA) need to be conducted?  **Yes  No**

If **yes** to FBA, responsibility assigned to:

Which of the following discipline provisions is most appropriate for this student?

**Check only one**

The student will follow the school-wide discipline plan.

The student requires the modifications described in this IEP under Annual Goals and /or Instructional Accommodations

The student requires a Behavioral Intervention Plan. (Attach BIP to this IEP).

In regards to the BIP and/or FBA, who will inform administrators and teachers?

# present levels of Academic achievement

Please document the student’s present levels of academic achievementfor areas of identified need (eg., reading, written language, mathematics, problem solving, processing skills, and communication skills). The IEP team must also consider Part C data, for children entering pre-school.

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| --- | --- |
| **Identified Area of Need:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Student/Parent Input** |
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| **Identified Area of Need:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Student/Parent Input** |
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| **Identified Area of Need:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Student/Parent Input** |
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| **Identified Area of Need:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Student/Parent Input** |
|  |  |

# present levels of FUNCTIONAL PERFORMANCE

Please document the student’s present levels of functional performance for identified areas of need (eg., social/emotional, behavior, life skills, energy level, sustained attention, memory function, impulse, processing speed, and motor skills). The IEP team must also consider Part C data, for children entering pre-school.

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| **Identified Area of Need:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Student/Parent Input** |
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| **Identified Area of Need:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Student/Parent Input** |
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| **Identified Area of Need:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Student/Parent Input** |
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| **Identified Area of Need:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Student/Parent Input** |
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**Extended School Year (ESY)**

Does the student exhibit severe or substantial regression that cannot be recouped within a reasonable period of time in one or more of the critical areas addressed in the annual measurable goals?

(In addition to regression/recoupment, consider the following factors: severity of the disability, behavioral skills, critical learning period, learned material, potential for generalization and maintenance, emerging skills that are at risk for loss, medical conditions and family circumstances.)

**Yes**  **No**

If **yes**, documentation must be attached to the **ESY ADDENDUM** demonstrating the substantial regression and recoupment periods.

**Participation in MANDATED state Assessments**

Special Education Standardized⎯No Accommodations

Special Education—Allowable Accommodations

*Specify the accommodations:*

This list of allowable accommodations can be found at http://www.ped.state.nm.us/seb

Alternate Assessment⎯Attach the **Alternate Assessment addendum** and supporting documents.

**Participation in district-wide assessments**

Standardized⎯No Accommodations

Special Education—Allowable Accommodations

*Specify the accommodations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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**INSTRUCTIONAL ACCOMMODATIONS AND/OR MODIFICATIONS**

The IEP team has determined that the identified accommodations and/or modifications are appropriate in the following areas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*Please be specific about what accommodations/modifications that are needed.

**Instructional Presentation Mode:** \_\_\_\_\_\_\_\_\_\_

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**Instructional Strategies:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Student Response Mode**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Other:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Grades will be determined by:** \_\_\_\_\_\_\_\_\_\_\_\_\_

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**Grades will be based on:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In case of a failing grade:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Environment:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Instructional Material**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Assignments/Homework:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Testing:(in classroom)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Behavior Supports**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Annual Measurable Goals in identified Areas of need**

**ACADEMIC ACHIEVEMENT**

The measurable annual goals must align with the student’s needs and reflect how they **must** support the student’s post-secondary goals.

**Identified Area of Need:**  Math  Reading  Written Language

Behavior  Problem Solving  Processing Skills  Communication Skills

Reference from New Mexico’s Common Core State Standards (Grades K-3 beginning 2012-2013) or New Mexico’s Content Standards with Benchmarks (Grades 4-6 only in 2012-2013) and Expanded Grade Band Expectations (EGBE):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANNUAL GOAL:** (direction of change, the behavior, present level, ending level and timeframe for achieving the goal)

**Date Initiated \_\_\_\_\_\_\_\_\_\_\_\_**

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Objectives are not required in accordance with 34 CFR 300.320, with one exception: students with disabilities who take alternate assessments aligned to alternate academic achievement standards or the EGBE.

OBJECTIVE *or*  BENCHMARK : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Criteria for Mastery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Date of Mastery: \_\_\_\_\_\_\_\_\_\_\_ Position/Agency Responsible:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Methods of Measurement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Progress Documentation: (Note date and progress for each progress period) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Annual Measurable Goals in identified Areas of need

**FUNCTIONAL PERFORMANCE**

The measurable annual goals must align with the student’s needs and reflect how they **must** support the student’s post-secondary goals.

**Identified Area of Need:**  Social/EmotionalLife SkillsEnergy Level

Sustained AttentionMemory FunctionImpulseProcessing Speed

Motor Skills

Reference from New Mexico’s Common Core State Standards (Grades K-3 beginning 2012-2013) or New Mexico’s Content Standards with Benchmarks (Grades 4-6 only in 2012-2013) and Expanded Grade Band Expectations (EGBE):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANNUAL GOAL:** (direction of change, the behavior, present level, ending level and timeframe for achieving the goal)

**Date Initiated \_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Objectives are not required in accordance with 34 CFR 300.320, with one exception: students with disabilities who take alternate assessments aligned to alternate academic achievement standards or the EGBE.

OBJECTIVE *or*  BENCHMARK : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Criteria for Mastery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Date of Mastery: \_\_\_\_\_\_\_\_\_\_\_ Position/Agency Responsible:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Methods of Measurement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Progress Documentation: (Note date and progress for each progress period) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**TRANSITION Planning/INTERAGENCY LINKAGES**

Transition planning includes activities and/or strategies designed to assist the student in reaching his/her life span transition goals.

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| --- | --- | --- | --- | --- |
| Student Needs | **Activities/Strategies** | **Person/Agency**  **Responsible** | **Timeframe** | **Date of Completion for each activity** |
| **Instruction:**  **(Career Development Activities)** |  |  |  |  |
| **Related Services:**  **(Transference of skills into other settings)** |  |  |  |  |
| **Community**  **Experiences:**  **\*field trips, \*business partners** |  |  |  |  |
| **Independent/**  **Daily**  **Living and Self Help:** |  |  |  |  |
| **Linkages:**  **DD or DE Waiver for Children with Significant Needs** | Is the student on the DD Waiver, D and E Waiver, other?  Yes  No  If no, has the student been referred for the DD Waiver, D and E Waiver, or other?  Yes  No  If yes, date of referral:  If the answer to one or both questions is yes, complete the remaining columns. |  |  |  |

**MEDICAL/SIGNIFICANT HEALTH INFORMATION**

**Medication**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Significant Health Information**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does the student require an individualized health plan or school health services as a related service? bd08313_[1] **Yes  No:**

If **yes**, attach the **health plan** to the IEP and/or indicate on the *Schedule of Services*.

Does the student require an emergency evacuation plan?  **yes**  **No**

If **yes,** attach the **emergency evacuation** **plan**, including person(s) responsible, to the IEP.

**Physical Education**:  Regular  Regular, with accommodations  Adapted

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**Mobility**

Does the student require assistance to move in and around the school?  **Yes**  **No:**

If **yes**, describe the assistance to be provided and by whom:

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**Transportation**bd08313_[1]

Does the student require transportation as a related service?  **Yes**  **No:**

If **yes**, what accommodations and supports are required in order for the student to be transported with non-disabled peers in the Least Restrictive Environment (LRE)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does the student require any of the following:

▪ Wheelchair lift:  **Yes  No**

▪ Security device(s) such as harnesses, tethers, braces, brackets, restraints, seatbelts, vests:

**Yes  No**

If **yes,** please describe the security device(s) the student requires:

|  |
| --- |
|  |
|  |

**SCHEDULE OF SERVICES**

If this IEP spans parts of two school years, please complete this page twice, separating the services to be delivered within each school year.

|  |  |
| --- | --- |
| **Activities with typically developing peers** | **Regular Education Services** |
| Recess  Lunch/Breakfast  Music  Art  Library/Computer class  PE  Assemblies  Extracurricular activities | Accommodations Needed  Subject:  Yes  No  Subject:  Yes  No  Subject:  Yes  No  Subject:  Yes  No  Subject:  Yes  No  Subject:  Yes  No  If yes, complete INSTRUCTIONAL ACCOMMODATIONS section. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| bd08313_[1]**Special Education & Related** Services | **Minutes per Day/ Week/ Month/ Semester/Year** | **Start**  **Date** | **Ending Date** | **Service Provider (s)** | Location | |
| Time in Regular **Classroom** | **Time in Special Education Setting** |
|  |  |  |  |  |  |  |
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| **Time Totals** |  |  |  |  |  |  |
| **Supplementary Aids and**  **Services** | **Minutes per Day/**  **Week/ Month/ Semester/Year** | **Start Date** | **Ending Date** | **Service Provider (s)** | **Location** | |
| **Time in Regular**  **Classroom** | **Time in Special Education Setting** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Time Totals** |  |  |  |  |  |  |

bd08313_[1]**LEVEL OF SERVICE**

**X** = The total number of hours per week of special education service.

**Y** = The total number of hours in a typical school week, (excluding lunch and recess).

**Level of service** = **X** divided by **Y** (express as percent).

Example: X = 6 hrs./wk Y = 30 hrs./wk. 6 divided by 30 = .2 (20%) = Level 2 (moderate)

|  |  |
| --- | --- |
| 10% or less of the school day (Level 1-minimum) | 11% - 49% of the school day (Level 2-moderate) |
| 50%- or more of the school day (Level 3-extensive) | approaching a full school day or 3Y/4Y (Level 4-maximum) |

**LEAST RESTRICTIVE ENVIRONMENT**

*(This statement should provide the rationale for removal from general education.)*

Decisions regarding placement are based on the individual needs of students and must begin with the consideration of the general education setting. The purpose of this section is to document the rationale with respect to each academic or functional area that is necessary to educate the student in the general education setting.

If the student will be included in the general education setting for more than 80% of the time, *no rationale is required*. Items 1 through 3 of this section of the IEP need not be completed or included in the student’s IEP.

If the student will not be included in the general education setting for more than 80% of the time, items 1 through 3 below **MUST** be completed.

1. Explain why supplementary aids and services are not adequate to meet the student’s needs in the general education class [34 CFR §300.320 (a)(4), and 34 CFR §300.114 (a)(2)(ii)]:

2. Explain how placement in a special education setting will be more advantageous in meeting student’s needs [34 CFR §300.320 (a)(4)(iii)]:

3. Explain why placement in a general education setting is reduced or limited and what is being done to reintegrate the student back to a general education setting [34 CFR §300.320 (a)(5)]:

###### bd08313_[1]SETTING

**a** = Total number of hours per week in segregated location.

**b** = Total number of hours in a typical week (excluding, lunch and recess).

**Setting** = **a** divided by **b** (express as a percent).

Example: 1) 2 hrs./wk. 2) 30 hrs./wk. 2 divided by 30 = .06 (6%) = Setting 1

|  |
| --- |
| **Pre-School Only**  *\*Note: A Regular Early Childhood Program is a program that includes a majority (at least 50 percent) of nondisabled children (i.e., children not on IEPs).*  In regular classroom at least 10 hours per week  In some other location at least 10 hours per week |
| In regular classroom less than 10 hours per week  In some other location less than 10 hours per week |
| Other setting: Public/Private Separate Schools, RTC, Homebound/Hospital, Provider Location |
| **Kindergarten – 8th Grade Only**  In regular classroom 80% of the school day, or more *(Setting 1)* |
| In regular classroom 40% to 79% of the day *(Setting 2*) |
| In regular class less than 40% of the day *(Setting 3)* |
| Other setting: Public/Private Separate Schools, RTC, Homebound/Hospital *(Setting 4)* |

Is the student's program and related services, being provided in his or her neighborhood school?

**YES**  **NO:**

If **NO**, explain?

Identify the school site that the student will be attending:

*\*Note: Review placement decisions at least once a year, as part of the annual review process.*

###### IEP PROGRESS DOCUMENTATION

Inform parents of their child’s progress toward annual goals in the IEP and the extent to which that progress is sufficient to enable the child to achieve the goals by the end of the year. Progress must be reported at least as often as progress is reported to parents of non-disabled children.

Describe the process to ensure that the child’s parents are regularly informedof progress toward annual goals:

Progress on annual measurable goals will be reported to parents:

monthly  quarterly  semester  other

###### bd08313_[1]AGE OF MAJORITY

will reach the age of majority (18 in New Mexico) on (date)

The student and parent/guardian were informed annually on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_of the student’s rights upon reaching the age the age of majority beginning at age 14.

**MEETING PARTICIPANTS**

**Signature signifies attendance and participation in the development of the IEP.**

|  |  |  |
| --- | --- | --- |
| **Signature** | **Role** | **Date** |
|  | Student |  |
|  | Parent/Guardian |  |
|  | Parent/Guardian |  |
|  | LEA Representative |  |
|  | Special Education Teacher |  |
|  | Regular Education Teacher |  |
|  | Qualified evaluator of test results, if appropriate |  |
|  | Interpreter (as appropriate) |  |
|  | Related Services Provider |  |
|  | Related Services Provider |  |
|  |  |  |
|  |  |  |

###### PARENT RIGHTS

I have had the opportunity to participate in the development of this Individualized Education Program (IEP) and the recommended services and setting for my child. The information was presented in an understandable manner. I have received a copy of “Parent and Child Rights in Special Education” as part of an *initial IEP* meeting. (Parent Initials)

* **CASE MANAGER**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is responsible for ensuring that everyone involved in implementing this IEP has access to necessary information and is informed of his/her specific responsibilities for providing the accommodations/modifications the student requires to benefit from his/her educational program.

**PRIOR WRITTEN NOTICE OF PROPOSED ACTIONS**

Federal and State Legislation require that the public agency provide the parent/guardian with notification a reasonable amount of time before actions occur that would initiate or change the **identification,** the **evaluation**, the **educational** **services and setting**, or the provision of a free appropriate public education for this student. If the student is under 18, the parent/guardian is provided a copy of this notice. If the student is 18 years of age or over and does not have a legal guardian, it is his/her right to accept or reject these proposed actions.

An IEP meeting was held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to discuss special education services for this student. The IEP team reviewed and discussed the following input, data, and information:

Student input  Developmental case history

Parent input  Hearing screening: (date)

Teacher input  Vision screening: (date)

Classroom performance  Previous IEP/evaluation: (date)

Classroom observation  Language dominance

School records  Functional vision evaluation

Developmental screening  Counseling evaluation

Achievement test: (name/date)

Speech/Language evaluation: (name/date)

Occupational therapy evaluation: (name/date)

Physical therapy evaluation: (name/date)

Psychological evaluation: (name/date)

Intellectual assessment: (name/date)

Medical information:

Other:

Other:

**Federal regulations and state rules require that all public agencies have a “continuum of alternative placements" available as needed in order to meet the needs of children with disabilities for special education and related services.**

At this IEP meeting, the following **items and options were proposed** by the **public agency** and/or the **parent(s)/guardian(s)**.

| **All Items Proposed**  **All Options Considered** | **Proposed**  **By** | **Accept (√)** | **Reject (√)** | Reason for Acceptance or Rejection (Must include a description of each evaluation procedure, assessment, record or report used as a basis for the proposed or refused action) |
| --- | --- | --- | --- | --- |
| *#1 Regular Education classroom with Special Education service specified as:*  *(Setting 1: 80% or more of the day in regular classroom)* |  |  |  |  |
| *#2 Regular Education classroom combined with Special Education classroom and services provided specified as:*  *(Setting 2: 40% to 79% of the day in regular class setting)* |  |  |  |  |
| *#3 Regular Education classroom combined with Special Education classroom and services provided specified as:*  *(Setting 3: less than 40% of the day in the regular class setting)* |  |  |  |  |
| *#4 Special Education services provided all day or approaching a full day (Setting 4) specified as:*  *(Other setting: public/private separate schools, RTC, homebound/hospital)* |  |  |  |  |
|  |  |  |  |  |

lTo the Parent/Guardian:s

For initial provision of special education services informed written consent from the parent(s)/guardian is required.

*Please sign below if you* ***give consent for the school district to proceed with the action(s) indicated on the Prior Written Notice of Proposed actions.***

(Parent/Guardian Signature) (Date)

***For assistance in understanding your procedural safeguards/due process rights, you may contact:***

|  |  |  |  |
| --- | --- | --- | --- |
| **School District Contacts** | **New Mexico Public Education Department** | **Parent Advocacy Support** | **Parent Liaison** |
|  | Dispute Resolution Coordinator  Special Education Bureau  Parent Liaison  Phone: 505-827-1457  Fax: 505-954-0001 |  |  |