# Secondary

# INDIVIDUALIZED EDUCATION PROGRAM (iep)

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

Student State 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 initial IEPs only:**

**Date parent(s) signed consent form:**

**Date 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

Exceptionality: Gifted Speech Only

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

Exceptionality: Gifted

**STUDENT PROFILE**

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

**Student/Family Vision Statement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Employment:**

**Community Participation:**

**Recreation & Leisure:**

**Post-Secondary Training & Learning:**

**Daily/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 results from state and district-wide assessments, transition assessments, initial and most recent psychological educational evaluations, evaluations provided by the district, parents or guardians, and any extracurricular and non-academic areas that may be affected.

| **Domain** | **Information Provider** | **Strengths** | **Concerns / Recommendations** |
| --- | --- | --- | --- |
| **Academic:**  -State and district assessments  -Language assessments |  |  |  |
| **Recreation & Leisure:** (extra-curricular and  non-academic) |  |  |  |
| **Community Participation:** |  |  |  |
| **Jobs and Job Training:**  Transition assessments |  |  |  |
| **Post-Secondary Training or Learning:**  Transition assessments |  |  |  |
| **Independent Living:**  Transition Assessments (if applicable) |  |  |  |
| **Other Areas:**  **-**Health considerations  **-**Attendance  -Observations |  |  |  |
| **Additional information considered by the IEP team:**  **-**Evaluations provided by parent(s) or guardian(s)  -Psychological Educational Evaluations and Eligibility Determinations |  |  |  |

**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 planned services that address the needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(If **YES**) complete the Addendum for Students who are Deaf or Hard of Hearing Communication Considerations form. The form is available at http://www.ped.state.nm.us/seo/

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

If **YES**, describe the relationship of language needs and planned services:

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 achievement for areas of identified need (e.g., reading, written language, mathematics, transition). This information is not for transition planning. Specify each instrument or source and report the results.

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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).

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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** |
|  |  |

**Extended School Year (ESY)**

Does the student exhibit severe or substantial regression that is not recoupable within a reasonable period 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**

**(REQUIRED):**  If **yes**, attach documentation to the **ESY ADDENDUM** that demonstrates the substantial regression and recoupment periods

**Participation in state MANDATED Assessments**

Special Education Standardized⎯No Accommodations

Special Education—Allowable Accommodations

*Specify the necessary accommodations:*

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

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

**Participation in district-wide assessments**

Standardized⎯No Accommodations

Special Education—Allowable Accommodations

*Specify the necessary accommodations:*

**Measurable Post-Secondary Goals**

**(Required by age 14 or sooner if needed)**

Measurable post-secondary goals describe what the student will do after exiting high school. These goals will address the following specific areas: education/training, employment and independent living (the latter if appropriate).

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| --- |
| **Measurable Post-Secondary Goal(s) for Education/Training:** |
| **Transition Assessment(s) used to identify goal:** |

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| --- |
| **Measurable Post-Secondary Goal(s) for Employment:** |
| **Transition Assessment(s) used to identify goal:** |

|  |
| --- |
| **Measurable Post-Secondary Goal(s) for Independent Living (If Appropriate):** |
| **Transition Assessment(s) used to identify goal:** |

* **Graduation options**

The student’s planned course of study meets the requirements for:

Standard Option  Modified Option  Ability Option

**For the Modified Option:**

Explain why the Standard Option was rejected:

*Note: The team is responsible for documenting progress on achieving the* *Employability and Career Development Standards with Benchmarks and Performance Standards on the IEP goals/objectives pages*.

**For the Ability Options:**

Explain why the Standard and Modified Option were rejected:

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

**For all Graduation Options:**

Projected date of graduation:

Is the student on target with graduation requirements?  **YES**  **NO**

If **NO**, what are the concerns? (Required credits, graduation exam, attendance, behavior concerns, need for academic support)

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What is the plan for addressing these concerns?

**Services for Gifted Students Only: Describe diverse learning opportunities, alternative coursework, and flexible instructional arrangements unique to the student's capabilities.**

Has student taken and passed the NM High School Competency Exam (NMHSCE – ends after 2013-14) or Standards Based Assessment (SBA)/High School Graduation Assessment (HSGA)?

**YES**  **NO**

If **NO,** what is the plan of action\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify the scores for each subtest. If the student has taken the exit exam, and is on the Modified or Ability Option, indicate the targeted proficiency level**.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subtest** | **Date test taken** | **Scores** | **Proficiency Level** | **Passed** |
| **Science** |  |  |  |  |
| **Social Studies** |  |  |  |  |
| **Math** |  |  |  |  |
| **Reading** |  |  |  |  |
| **Language Arts** |  |  |  |  |
| **Written Composition**  **(Standard Option: 3.0)** |  |  |  |  |

* Students on Standard Option must meet the 175 NMHSCE cut score or the State’s cut score of 2272.5 on the SBA/HSGA
* A Proficiency Level must be determined by the IEP team for all students on Career Readiness or Ability Options

Does the student need to retake any subtest(s) of the Standards Based Assessment (SBA)/ High School Graduation Assessment (HSGA)? If **YES**, identify the subtest(s).

If the student is on the Modified or Ability Option, what additional information did the IEP team use to determine the targeted proficiency levels?

bd08313_[1]Students in 12th grade who completed four years of high school and continue to have educational and transition needs may receive a **Conditional Certificate of Transition in the form of a continuing or transition IEP**. This is not a program of study and does not end a student's right to a Free Appropriate Public Education (FAPE).

Is this a  Continuing or Transition IEP?

The student’s program and instruction have been appropriate

The student has maintained realistic efforts to meet IEP goals

The student has successfully completed four or more years of high school

The student can participate equitably in all graduation activities

Projected date of graduation for the student:

\*Describe how this graduation program of study aligns with the student’s post-secondary goals and the state standards with benchmarks**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Course of Study** (required by **14 years of age**, or sooner if appropriate). IEP team must document all courses and other educational experiences that will help the student reach her/his measurable post- secondary goals.

|  |  |  |
| --- | --- | --- |
| **School Year** | **Year** | **Proposed Courses Selected for High School Program**  **(Including elective classes, work study, independent study)** |
|  | Yr. 1 |  |
|  | Yr. 2 |  |
|  | Yr. 3 |  |
|  | Yr. 4 |  |
| Ages  18-21  Specify planned activities by each projected year | |  |

**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 the required accommodations and/or modifications.

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

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**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 Content Standards with Benchmarks (2012-13) or Common Core State Standards (starting 2013-14) with Benchmarks and Expanded Grade Band Expectations (EGBE):

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**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **✓** if Transition Activity

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 FunctionImpulse Processing Speed

Motor Skills

Reference from New Mexico’s Content Standards with Benchmarks (2012-13) or Common Core State Standards (starting 2013-14) with Benchmarks 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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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **✓** if Transition Activity

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 SERVICES/INTERAGENCY LINKAGES**

The IEP team must include activities/strategies designed to assist the student in reaching his/her measurable post-secondary and annual goals.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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** |  |  |  |  |
| **Employment/**  **Post-Secondary:** |  |  |  |  |
| **Independent/**  **Daily**  **Living Skills:**  **(if appropriate)** |  |  |  |  |
| **Functional**  **Vocational**  **Assessments:**  **(if appropriate)** |  |  |  |  |

**Does the student need involvement from any additional outside agencies to complete a successful transition?**

**Yes**  **No**

If **Yes,** list the agencies to contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If **NO,** explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MEDICAL/SIGNIFICANT HEALTH INFORMATION**

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

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**Significant Health Information**:

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 the person(s) responsible to the IEP.

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

**Mobility**

Does the student require assistance to move in and around the school?

**Yes**  **No:**

If **yes**, describe the assistance to be provided:

**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 typically developing peers in the Least Restrictive Environment (LRE)?

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 between two school years, please complete this page twice, separating the services to be delivered in each school year.

|  |  |
| --- | --- |
| **Activities with typically developing peers** | **Regular Education Services** |
| Lunch/Breakfast  Library  Computer Lab  Assemblies  Electives  Extracurricular activities  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Accommodations Needed  Subject:  Yes  No  Subject:  Yes  No  Subject:  Yes  No  Subject:  Yes  No  Subject:  Yes  No  Subject:  Yes  No |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| bd08313_[1]**Special Education & Related Services** | **Minutes per Day/**  **Week/**  **Month/**  **Semester/Year** | **Start**  **Date** | **Ending Date** | **Service Provider (s)** | Location | |
| Time in Regular **Setting** | **Time in Special Education Setting** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Time Totals** |  |  |  |  |  |  |
| **Supplementary Aids and**  **Services** | **Minutes per Day/**  **Week/**  **Month/**  **Semester/Year** | **Start Date** | **Ending Date** | **Service Provider (s)** | **Location** | |
| **Time in Regular**  **Setting** | **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 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 (Level 4-maximum) |

**LEAST RESTRICTIVE ENVIRONMENT (LRE)**

*(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, complete items 1 through 3 below **(REQUIRED):**

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 Special Education setting

**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

|  |
| --- |
| 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 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 reports are required at least as often as parents of non-disabled children receive reports.

Describe the process to ensure that the child’s parents regularly receive reports of progress toward annual goals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Reporting schedule to inform parents about progress on annual measurable goals:

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 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) |  |
|  | Participating Agencies |  |
|  | Participating Agencies |  |
|  | 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 presented to me was 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)

bd08313_[1]**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 refuse 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: (Please check all that apply.)

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 service and setting options" available as needed in order to meet the needs of children with disabilities for special education and related services.**

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

| **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 services 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/hospitals)* |  |  |  |  |
|  |  |  |  |  |

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  Phone: 505-827-1457  Fax: 505-954-0001 |  |  |