**INDIVIDUALIZED EDUCATION PROGRAM** **School Year:** _____ **(___) Includes ESY Session:** _____

(Please check (√) if ESY services are included.)

## IDENTIFYING INFORMATION

| | | | |
|---|---|---|---|
| Student's Name: | School: | District: | School Year: |
| MSIS ID Number: | Grade: | Race: | Gender: |
| Date of Birth (month/day/year): | Phone Number: | Date of Current Eligibility Certification: | Eligibility Category: |
| Mother's Name: | Father's Name: | Address: | |

## SUMMARY OF PERFORMANCE IN THE CURRENT EDUCATIONAL PROGRAM

**(Levels of performance should reflect the following items, as well as listing the source of the information: 1) how the student's disability affects involvement and progress in the general curriculum; 2) a detailed description of the student's current performance in reading and math; 3) results of the initial or most recent evaluation of the student; 4) the strengths of the student; 5) concerns of the parent/guardian for enhancing the education of the student; 6) a description of the student's social, behavior, and/or emotional skills.**
**NOTE: For preschool children, reflect how the child's disability affects participation in appropriate activities.)**

SUMMARY OF PRESENT LEVEL(S) OF PERFORMANCE

Student's Name:

## SUPPLEMENTARY AIDS AND SERVICES, PERSONNEL SUPPORTS IN GENERAL EDUCATION

Complete after identifying ANNUAL GOALS or SHORT-TERM INSTRUCTIONAL OBJECTIVES (STIOs). Check the Testing Accommodations column if the accommodation is necessary for participation in state or district wide assessments. Indicate if other than general education setting. Refer to Section 5 in the Mississippi Statewide Assessment System Guidelines for Testing Students with Disabilities for specific test accommodations.

| Area(s) | Modification(s)/ Accommodation(s) | Testing Accommodations (√) | | Beginning and Ending Dates | Frequency of Services | Physical Location of Services (√) | |
|---|---|---|---|---|---|---|---|
| | | District Wide | State | | | General Ed. | Sp. Ed. |
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| Area(s) | Support for Personnel | | | Beginning and Ending Dates | Frequency of Services | Physical Location of Services |
|---|---|---|---|---|---|---|
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AREA(S):

| | | | | | |
|---|---|---|---|---|---|
| a. Reading | f. Science | k. Music | p. Title I | | Other: (specify) |
| b. Spelling | g. Health | l. Art | q. Tech Prep | u. | |
| c. English | h. Lunch | m. Computer Science | r. Vocational | v. | |
| d. Math | i. PE | n. Clubs/Interest Groups | s. All Subjects | w. | |
| e. Social Studies | j. Guidance/Counseling | o. Recreational Activities | t. Library | x. | |

**Explanation of nonparticipation in general education services, including nonacademic and extracurricular activities:**

## SPECIAL EDUCATION SERVICE GOAL

**Student's Name:**

MEASURABLE ANNUAL GOAL(S):

| SHORT-TERM INSTRUCTIONAL OBJECTIVE(S) | T.A. * | Method(s) | Report of Progress | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | 1st | 2nd | 3rd | 4th | 5th | 6th |
| STIOs are only required for students who are Significantly Cognitively Disabled (SCD). (Per IDEA '04) | | | | | | | | |
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| BEGINNING/ENDING DATES OF SERVICES: | FREQUENCY: | PROGRESS TOWARD ANNUAL GOAL: | | | | | | |
| PHYSICAL LOCATION OF SERVICES: | | REASON(S) FOR NOT MEETING GOAL: | | | | | | |

**EXPLANATION OF CODING SYSTEM**

| METHOD(S) OF MEASUREMENT | REPORT OF PROGRESS | PROGRESS TOWARD ANNUAL GOAL | REASON FOR NOT MEETING GOAL |
|---|---|---|---|
| 1. Written Observation<br>2. Written Performance<br>3. Oral Performance<br>4. Criterion-Referenced Test<br>5. Time Sample<br>6. Demonstration/Performance<br>7. Other (Specify) _____ | 1. Not applicable during this grading period<br>2. No progress made<br>3. Little progress made<br>4. Progress made; Objective not yet met<br>5. Objective met | 1. Anticipate meeting goal<br>2. Do not anticipate meeting goal (note reason)<br>3. Goal met (indicate date) | 1. More time needed<br>2. Excessive absences/tardies<br>3. Assignments not completed<br>4. Need to review/revise IEP<br>5. Other (Specify) _____ |

* **Check if objective is a transition activity. (Student age 14 – 20)**

## SPECIAL EDUCATION SERVICE GOAL (NON SCD)

**Student's Name:**

| Goal # | MEASURABLE ANNUAL GOALS: | Method(s) of Measurement | Area(s): Use codes on W-2 |
|---|---|---|---|
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**Record the information for the annual goals listed above and record progress on dates mastery reviewed.** (If you do not anticipate meeting a goal, note the reason.)

Pr AG = Progress Toward Annual Goal R= Reason

| Goal # | Beginning/Ending Dates of Services: | Physical Location of Services: | Frequency: | T.A. * | Date: Pr AG | Date: R | Date: Pr AG | Date: R | Date: Pr AG | Date: R | Date: Pr AG | Date: R | Date: Pr AG | Date: R | Date: Pr AG | Date: R |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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**EXPLANATION OF CODING SYSTEM**

**METHOD(S) OF MEASUREMENT**

1. Written Observation
2. Written Performance
3. Oral Performance
4. Criterion-Referenced Test
5. Time Sample
6. Demonstration/Performance
7. Other (Specify) _____

**PROGRESS TOWARD ANNUAL GOAL**

1. Anticipate meeting goal
2. Do not anticipate meeting goal (Note reason)
3. Goal met (Indicate date)

**REASON FOR NOT MEETING ANNUAL GOAL**

1. More time needed
2. Excessive absences/tardies
3. Assignments not completed
4. Need to review/revise IEP
5. Other (Specify) _____

* **Check if goal is a transition activity. (Student age 14 – 20)**

W – 3b

Revised July 20, 2009

Student's Name:

## PARTICIPATION IN STATEWIDE AND DISTRICTWIDE ASSESSMENT PROGRAMS

Indicate the type of assessment in which the student will participate (state or district assessments).

TYPE OF TEST (SPECIFY BELOW.) Indicate whether the assessment is **Grade Level** or an **Alternate Assessment**. Refer to ***Making Assessment Decisions for Students with Disabilities under IDEA***.

| Type of Assessment | Grade level (Circle the appropriate grade level.)* | | Mississippi Alternate Assessment of Extended Curriculum Frameworks (MAAECF) for SCD students ONLY (Circle the appropriate grade level.)** | |
|---|---|---|---|---|
| | Elementary | Middle | Elementary | Middle |
| MCT2 Language Arts | 3 4 5 | 6 7 8 | 3 4 5 | 6 7 8 |
| MCT2 Math | 3 4 5 | 6 7 8 | 3 4 5 | 6 7 8 |
| MS Elementary and Middle Grades Science Test | 5 | 8 | 5 | 8 |
| Grades 4 & 7 Writing | 4 | 7 | | |
| Other (please specify) | | | | |

## SECONDARY ASSESSMENT PROGRAMS

| Check the applicable assessment(s)* | | | MAAECF (Grade 12) for SCD students ONLY** | |
|---|---|---|---|---|
| Algebra I | _____ | | Mathematics | ____ |
| Biology | _____ | | Science | ____ |
| English II | _____ | English II Writing _____ | Language Arts | ____ |
| US History from 1877 | _____ | | | |
| MS-CPAS | _____ | | | |

*If the student cannot take the grade/course level assessment or grade/course level assessment with accommodations (allowable accommodation or accommodation approved through the petition for special consideration), then explain why the student's disability requires the administration of a grade/course level alternative assessment and indicate the subject and grade/course level alternative assessment the student will take.

_____

_____

**For non-graded students (coded 56, 58, or 78), the peer grades are based on the student's age as of September 1st of the applicable school year (8 yrs old = grade 3, 9 yrs old = grade 4, 10 yrs old = grade 5, 11 yrs old = grade 6, 12 yrs old = grade 7, 13 yrs old = grade 8, and 18 yrs old = grade 12 [See MAAECF (high school) below]).

## NONPARTICIPATION IN HIGH SCHOOL SUBJECT AREA TESTS

I have had Mississippi's assessment system explained to me. I understand that all students will be assessed in some way, but only those students who pass every subject area test and pass the courses will be eligible to receive a standard high school diploma.

Signature of Parent: Date:

**Student's Name:**

**Significant Cognitive Disability (SCD) Determination:**
To be classified as a student having a "significant cognitive disability," ALL of the criteria below must be true.

___ Yes ___ No The student demonstrates significant cognitive deficits and poor adaptive skill levels (as determined by that student's comprehensive assessment) that prevent participation in the standard academic curriculum or achievement of the academic content standards, even with accommodations and modifications.

___ Yes ___ No The student requires extensive direct instruction in both academic and functional skills in multiple settings to accomplish the application and transfer of those skills.

___ Yes ___ No The student's inability to complete the standard academic curriculum is neither the result of excessive or extended absences nor is primarily the result of visual, auditory, or physical disabilities, emotional -behavioral disabilities, specific learning disabilities or social, cultural, or economic differences.

**RELATED SERVICES**

| SERVICE | BEGINNING/ENDING DATE | PHYSICAL LOCATION | AMOUNT OF TIME | FREQUENCY |
|---|---|---|---|---|
| | | | | |
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**GRADUATION OPTIONS**

☐ Explanation of graduation options have been reviewed with the parent and, as appropriate, the child.

The graduation option determined appropriate for the child is

☐ Standard High School Diploma ☐ Mississippi Occupational Diploma ☐ Certificate of Life Skills

*** CONSIDERATION OF SPECIAL FACTORS**

(Document that the IEP Committee has considered the special factors for the child by placing a checkmark (√) by all factors considered.)

☐ Limited English Proficient ☐ Braille Instruction

☐ Assistive Technology ☐ Behavior

☐ Language/Communication Needs

☐ IFSP for Students Transitioning from Part C to Part B

**METHOD OF INFORMING PARENTS/GUARDIANS OF PROGRESS**

**Method(s) used** to ensure that progress is sufficient to enable the student to reach the annual goals by the end of the school year:

☐ progress notes ☐ report cards ☐ goal sheets

☐ other means (specify) _____

**Frequency of Notification:**

☐ Every 6 weeks ☐ Every 9 weeks ☐ Other (specify):_____

* Indicate the specifics of the consideration of special factors in the Summary of Performance on W-1. If services are necessary in any of the areas, the IEP committee must address the student's needs utilizing the necessary IEP components.

| PRESCHOOL (Ages 3-5) LRE CLASSIFICATION (Check one below): | | | | SCHOOL AGE (Ages 6-21) LRE CLASSIFICATION (Check one below): | | | |
|---|---|---|---|---|---|---|---|
| | **PA**/General Ed Early Childhood Program At Least 80% of Time | | **PE**/Residential Facility | | **SA**/Inside General Education Class 80% or More of the Day | | **SF**/Residential Facility |
| | **PB**/General Ed Early Childhood Program Less than 40% Time | | **PF**/Separate School | | **SB**/Inside General Education Class 40 to 79% of the Day | | **SH**/Home-Hospital |
| | **PC**/Home | | **PG**/Separate Class | | **SC**/Inside General Education Class Less than 40% of the Day | | **SI**/Correctional Facilities |
| | **PD**/General Ed Early Childhood Program 40 to 79% of Time | | **PH**/Service Provider Location | | **SD**/Separate School | | **SJ**/Parentally Placed in Private Schools |

## EXTENDED SCHOOL YEAR SERVICES

**Student's Name:** **Summer Session:**

### Documentation of ESY Decision

**Criterion used in determining eligibility:** □ **Regression-Recoupment** □ **Critical Point of Instruction 1** □ **Extenuating Circumstances**

□ **MEETS criteria for ESY services** □ **Critical Point of Instruction 2**

□ **DOES NOT MEET the criteria for ESY services** (Documentation indicating how the decision was made must be included in the student's file.)

**Comments:**

| Annual Goals or Short-Term Instructional Objective(s) (Codes or key phrases may be used) | T.A. * | Method(s) | Physical Location of Services | Report of Progress |
|---|---|---|---|---|
| STIOs are only required for students who are Significantly Cognitively Disabled (SCD). (Per IDEA '04) | | | | |
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### EXPLANATION OF CODING SYSTEM

| Method(s) of Measurement | | Report of Progress | |
|---|---|---|---|
| 1. Written Observation | 5. Time Sample | 1. Not applicable during this grading period | 4. Progress made; Annual Goal or Objective not yet met |
| 2. Written Performance | 6. Demonstration/Performance | 2. No progress made | 5. Annual Goal or Objective met |
| 3. Oral Performance | 7. Other (Specify) _____ | 3. Little progress made | 6. Annual Goal or Objective maintained |
| 4. Criterion-Referenced Test | | | |

*** * Committee Members Present**

Name: _____ Special Education Teacher

Name: _____ General Education Teacher

Name: _____ Agency Representative

Name: _____ Parent(s)/Guardian

Name: _____ Student (if applicable)

Name: _____ Other

Name: _____ Other

Name: _____ Other

| Types of Services: | # of Weeks | # of Days | Amount of time per day | Beginning/Ending Dates |
|---|---|---|---|---|
| Transportation | | | | |
| Educational Services | | | | |
| Related Services | | | | |
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**Names and positions of excused IEP Team Members** (Documentation must be included in the student's file.):

**Date of Meeting:**

**Date copy is given to the parent/guardian:**

IEP meeting conducted via alternate means of technology:
□ Video Conferencing □ Conference Call □ Other (Specify)
_____

The Report of Student Progress will be given to parents/guardians every____weeks or_____ at the end of the student's ESY.

* Check if goal/objective is a transition activity. (Student age 14 – 20)

** Does not require signatures; this section is utilized only to document individuals present at the meeting.



Revised July 20, 2009

## INDIVIDUAL TRANSITION PLAN

Student's Name:

| BY AGE 14: DESIRED POST-SCHOOL OUTCOME STATEMENT: This statement should address areas of post-school activities/goals such as post-secondary education, vocational training, integrated employment, continuing and adult education, adult services, independent living and/or community participation. |
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BY AGE 14: TRANSITION SERVICES STATEMENT:

| SERVICE AREA(S) | NEEDED | | LINKAGES |
|---|---|---|---|
| | YES | NO | |
| Instruction | | | |
| Related Services/Training | | | |
| Community Experiences | | | |
| Adult Living/Employment Skills | | | |
| Daily/Independent Living Skills/Functional Vocational Evaluation (Complete only when appropriate) | | | |

Student's Name:

**EVALUATION(S): Indicate plan(s) to conduct a Functional Behavioral Assessment (FBA), evaluation for Assistive Technology or other evaluation(s)/follow up(s) to determine special education and related service needs.**

**WRITTEN PARENTAL PERMISSION FOR INITIAL PLACEMENT**

My rights and those of my child regarding procedural safeguards have been fully explained. I understand that my child has a disability and I know what that disability is; and I hereby give consent for my child to receive special education services based on his/her eligibility determination and his/her individualized education program.

**Parent's Signature:** **Date:**

**TRANSFER OF RIGHTS**

I have been informed of my rights under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA '04), Part B, as amended, that will transfer to me when I reach the age of majority.

**Student's Signature:** **Date:**

*** Annual IEP Meeting**

| | | |
|---|---|---|
| Name: | _____ | Special Education Teacher |
| Name: | _____ | General Education Teacher |
| Name: | _____ | Agency Representative |
| Name: | _____ | Parent(s)/ Guardian |
| Name: | _____ | Student, If Applicable |
| Name: | _____ | Other |
| Name: | _____ | Other |
| Name: | _____ | Other |

*** IEP Action: □ Review □ Revise □ Amend**

| | | |
|---|---|---|
| Name: | _____ | Special Education Teacher |
| Name: | _____ | Regular Education Teacher |
| Name: | _____ | Agency Representative |
| Name: | _____ | Parent(s)/Guardian |
| Name: | _____ | Student, If Applicable |
| Name: | _____ | Other |
| Name: | _____ | Other |
| Name: | _____ | Other |

**Names and positions of excused IEP Team Members** (Documentation must be included in the student's file.):

**Names and positions of excused IEP Team Members** (Documentation must be included in the student's file.):

**Date of Meeting:**

**Date of Meeting:**

**IEP meeting conducted via alternate means of technology:**
□ Video Conferencing □ Conference Call
□ Other (Specify): _____

**IEP meeting conducted via alternate means of technology:**
□ Video Conferencing □ Conference Call
□ Other (Specify): _____

**Date copy of the IEP is given to the parent/guardian:**

**Date copy of the IEP is given to the parent/guardian:**

**Projected Date of Review/Revision of the IEP:**

* Does not require signatures; this section is utilized only to document individuals present at the meeting.





Revised July 20, 2009