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

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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.

Area(s)	Support for Personnel			Beginning and Ending Dates	Frequency of Services	Physical Location of Services

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:

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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)								

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 2. Written Performance 3. Oral Performance 4. Criterion-Referenced Test 5. Time Sample 6. Demonstration/Performance 7. Other (Specify) _____	1. Not applicable during this grading period 2. No progress made 3. Little progress made 4. Progress made; Objective not yet met 5. Objective met	1. Anticipate meeting goal 2. Do not anticipate meeting goal (note reason) 3. Goal met (indicate date)	1. More time needed 2. Excessive absences/tardies 3. Assignments not completed 4. Need to review/revise IEP 5. Other (Specify) _____

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

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SPECIAL EDUCATION SERVICE GOAL (NON SCD)

Student's Name:

Goal #	MEASURABLE ANNUAL GOALS:	Method(s) of Measurement	Area(s): Use codes on W-2

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

EXPLANATION OF CODING SYSTEM

METHOD(S) OF MEASUREMENT	PROGRESS TOWARD ANNUAL GOAL	REASON FOR NOT MEETING ANNUAL GOAL
1. Written Observation 2. Written Performance 3. Oral Performance 4. Criterion-Referenced Test 5. Time Sample 6. Demonstration/Performance 7. Other (Specify) _____	1. Anticipate meeting goal 2. Do not anticipate meeting goal (Note reason) 3. Goal met (Indicate date)	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)

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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

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** □ **Critical Point of Instruction 2** □ **Extenuating Circumstances**

□ **MEETS criteria for ESY services**

□ **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)				

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				

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.

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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.

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)			

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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

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

Date of Meeting:

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:

*** 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.):

Date of Meeting:

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:

Projected Date of Review/Revision of the IEP:

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

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