INDIVIDUALIZED EDUCATION PROGRAM (IEP)

STUDENT NAME: **DATE OF BIRTH:** **LOCAL ID #:**	**DISABILITY CLASSIFICATION:**
PROJECTED DATE IEP IS TO BE IMPLEMENTED:	**PROJECTED DATE OF ANNUAL REVIEW:**

STUDENT NAME: **NYC ID:**

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

EVALUATION RESULTS (INCLUDING FOR SCHOOL-AGE STUDENTS, PERFORMANCE ON STATE AND DISTRICT-WIDE ASSESSMENTS)

ACADEMIC ACHIEVEMENT, FUNCTIONAL PERFORMANCE AND LEARNING CHARACTERISTICS
LEVELS OF KNOWLEDGE AND DEVELOPMENT IN SUBJECT AND SKILL AREAS INCLUDING ACTIVITIES OF DAILY LIVING, LEVEL OF INTELLECTUAL FUNCTIONING, ADAPTIVE BEHAVIOR, EXPECTED RATE OF PROGRESS IN ACQUIRING SKILLS AND INFORMATION, AND LEARNING STYLE:

STUDENT STRENGTHS, PREFERENCES, INTERESTS:

ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:

SOCIAL DEVELOPMENT
THE DEGREE (EXTENT) AND QUALITY OF THE STUDENT'S RELATIONSHIPS WITH PEERS AND ADULTS; FEELINGS ABOUT SELF; AND SOCIAL ADJUSTMENT TO SCHOOL AND COMMUNITY ENVIRONMENTS:

STUDENT STRENGTHS:

SOCIAL DEVELOPMENT NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:

PHYSICAL DEVELOPMENT
THE DEGREE (EXTENT) AND QUALITY OF THE STUDENT'S MOTOR AND SENSORY DEVELOPMENT, HEALTH, VITALITY AND PHYSICAL SKILLS OR LIMITATIONS WHICH PERTAIN TO THE LEARNING PROCESS:

STUDENT STRENGTHS:

PHYSICAL DEVELOPMENT NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:

MANAGEMENT NEEDS

EFFECT OF STUDENT NEEDS ON INVOLVEMENT AND PROGRESS IN THE GENERAL EDUCATION CURRICULUM OR, FOR A PRESCHOOL STUDENT, EFFECT OF STUDENT NEEDS ON PARTICIPATION IN APPROPRIATE ACTIVITIES

STUDENT NAME: **NYC ID:**

STUDENT NEEDS RELATING TO SPECIAL FACTORS

BASED ON THE IDENTIFICATION OF THE STUDENT'S NEEDS, THE COMMITTEE MUST CONSIDER WHETHER THE STUDENT NEEDS A PARTICULAR DEVICE OR SERVICE TO ADDRESS THE SPECIAL FACTORS AS INDICATED BELOW, AND IF SO, THE APPROPRIATE SECTION OF THE IEP MUST IDENTIFY THE PARTICULAR DEVICE OR SERVICE(S) NEEDED:

Does the student need strategies, including positive behavioral interventions, supports and other strategies to address behaviors that impede the student's learning or that of others? ☐Yes ☐No

Does the student need a behavioral intervention plan? ☐No ☐Yes

STUDENT NEEDS RELATING TO SPECIAL FACTORS

BASED ON THE IDENTIFICATION OF THE STUDENT'S NEEDS, THE COMMITTEE MUST CONSIDER WHETHER THE STUDENT NEEDS A PARTICULAR DEVICE OR SERVICE TO ADDRESS THE SPECIAL FACTORS AS INDICATED BELOW, AND IF SO, THE APPROPRIATE SECTION OF THE IEP MUST IDENTIFY THE PARTICULAR DEVICE OR SERVICE(S) NEEDED:

For a student with limited English proficiency, does he need a special education service to address his language needs as they relate to the IEP? ☐Yes ☐No ☐ Not Applicable

For a student who is blind or visually impaired, does he need instruction in Braille and the use of Braille? ☐Yes ☐No ☐ Not Applicable

Does the student need a particular device or service to address his communication needs? ☐Yes ☐No

In the case of a student who is deaf or hard of hearing, does the student need a particular device or service in consideration of the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode? ☐Yes ☐No☐ Not Applicable

Does the student need an assistive technology device and/or service? ☐Yes ☐No

If yes, does the Committee recommend that the device(s) be used in the student's home? ☐Yes ☐No

STUDENT NAME: **NYC ID:**

BEGINNING NOT LATER THAN THE FIRST IEP TO BE IN EFFECT WHEN THE STUDENT IS AGE 15 (AND AT A YOUNGER AGE IF DETERMINED APPROPRIATE)

MEASURABLE POSTSECONDARY GOALS

LONG-TERM GOALS FOR LIVING, WORKING AND LEARNING AS AN ADULT

EDUCATION/TRAINING:

EMPLOYMENT:

INDEPENDENT LIVING SKILLS (WHEN APPROPRIATE):

TRANSITION NEEDS

In consideration of present levels of performance, transition service needs of the student that focus on the student's courses of study, taking into account the student's strengths, preferences and interests as they relate to transition from school to post-school activities:

STUDENT NAME: **NYC ID**

MEASURABLE ANNUAL GOALS

ANNUAL GOALS WHAT THE STUDENT WILL BE EXPECTED TO ACHIEVE BY THE END OF THE YEAR IN WHICH THE IEP IS IN EFFECT	**CRITERIA** MEASURE TO DETERMINE IF GOAL HAS BEEN ACHIEVED	**METHOD** HOW PROGRESS WILL BE MEASURED	**SCHEDULE** WHEN PROGRESS WILL BE MEASURED
			times per

STUDENT NAME: **NYC ID:**

REPORTING PROGRESS TO PARENTS

Identify when periodic reports on the student's progress toward meeting the annual goals will be provided to the student's parents:

STUDENT NAME: **NYC ID:**

RECOMMENDED SPECIAL EDUCATION PROGRAMS AND SERVICES

SPECIAL EDUCATION PROGRAM/SERVICES	SERVICE DELIVERY RECOMMENDATIONS*	FREQUENCY HOW OFTEN PROVIDED	DURATION LENGTH OF SESSION	LOCATION WHERE SERVICE WILL BE PROVIDED	PROJECTED BEGINNING / SERVICE DATE(S)
SPECIAL EDUCATION PROGRAM:					
RELATED SERVICES:					
SUPPLEMENTARY AIDS AND SERVICES/PROGRAM MODIFICATIONS/ACCOMMODATIONS:					
ASSISTIVE TECHNOLOGY DEVICES AND/OR SERVICES:					
SUPPORTS FOR SCHOOL PERSONNEL ON BEHALF OF THE STUDENT:					

* Identify, if applicable, class size (maximum student-to-staff ratio), language if other than English, group or individual services, direct and/or indirect consultant teacher services or other service delivery recommendations.

STUDENT NAME **NYC ID**

12-MONTH SERVICE AND/OR PROGRAM - Student is eligible to receive special education services and/or program during July/August: ☐ No ☐ Yes

If yes:

*☐ Student will receive the same special education program/services as recommended above.

OR

☐ Student will receive the following special education program/services:

SPECIAL EDUCATION PROGRAM/SERVICES	SERVICE DELIVERY RECOMMENDATIONS	FREQUENCY	DURATION	LOCATION	PROJECTED BEGINNING / SERVICE DATE(S)

For a preschool student, reason(s) the child requires services during July and August:

STUDENT NAME: **NYC ID**

TESTING ACCOMMODATIONS (TO BE COMPLETED FOR PRESCHOOL CHILDREN ONLY IF THERE IS AN ASSESSMENT PROGRAM FOR NONDISABLED PRESCHOOL CHILDREN): INDIVIDUAL TESTING ACCOMMODATIONS, SPECIFIC TO THE STUDENT'S DISABILITY AND NEEDS, TO BE USED CONSISTENTLY BY THE STUDENT IN THE RECOMMENDED EDUCATIONAL PROGRAM AND IN THE ADMINISTRATION OF DISTRICT-WIDE ASSESSMENTS OF STUDENT ACHIEVEMENT AND, IN ACCORDANCE WITH DEPARTMENT POLICY, STATE ASSESSMENTS OF STUDENT ACHIEVEMENT.

TESTING ACCOMMODATIONS	CONDITIONS*	IMPLEMENTATION RECOMMENDATIONS**
☐ NONE		

TESTING ACCOMMODATIONS (TO BE COMPLETED FOR PRESCHOOL CHILDREN ONLY IF THERE IS AN ASSESSMENT PROGRAM FOR NONDISABLED PRESCHOOL CHILDREN): INDIVIDUAL TESTING ACCOMMODATIONS, SPECIFIC TO THE STUDENT'S DISABILITY AND NEEDS, TO BE USED CONSISTENTLY BY THE STUDENT IN THE RECOMMENDED EDUCATIONAL PROGRAM AND IN THE ADMINISTRATION OF DISTRICT-WIDE ASSESSMENTS OF STUDENT ACHIEVEMENT AND, IN ACCORDANCE WITH DEPARTMENT POLICY, STATE ASSESSMENTS OF STUDENT ACHIEVEMENT.

*Conditions — Test Characteristics: Describe the type, length, purpose of the test upon which the use of testing accommodations is conditioned, if applicable.
**Implementation Recommendations: Identify the amount of extended time, type of setting, etc., specific to the testing accommodations, if applicable.

STUDENT NAME: **NYC ID**

BEGINNING NOT LATER THAN THE FIRST IEP TO BE IN EFFECT WHEN THE STUDENT IS AGE 15 (AND AT A YOUNGER AGE, IF DETERMINED APPROPRIATE).

COORDINATED SET OF TRANSITION ACTIVITIES

NEEDED ACTIVITIES TO FACILITATE THE STUDENT'S MOVEMENT FROM SCHOOL TO POST-SCHOOL ACTIVITIES	SERVICE/ACTIVITY	SCHOOL DISTRICT/AGENCY RESPONSIBLE
Instruction		
Related Services		
Community Experiences		
Development of Employment and Other Post-school Adult Living Objectives		
Acquisition of Daily Living Skills (if applicable)		
Functional Vocational Assessment (if applicable)		

STUDENT NAME: **NYC ID**

PARTICIPATE IN STATE AND DISTRICT-WIDE ASSESSMENTS
(TO BE COMPLETED FOR PRESCHOOL STUDENTS ONLY IF THERE IS AN ASSESSMENT PROGRAM FOR NONDISABLED PRESCHOOL STUDENTS)

☐ The student will participate in the same State and district-wide assessments of student achievement that are administered to general education students.
☐ The student will participate in an alternate assessment on a particular State or district-wide assessment of student achievement.

STUDENT NAME **NYC ID**

PARTICIPATION WITH STUDENTS WITHOUT DISABILITIES

REMOVAL FROM THE GENERAL EDUCATION ENVIRONMENT OCCURS ONLY WHEN THE NATURE OR SEVERITY OF THE DISABILITY IS SUCH THAT, EVEN WITH THE USE OF SUPPLEMENTARY AIDS AND SERVICES, EDUCATION CANNOT BE SATISFACTORILY ACHIEVED.

FOR THE PRESCHOOL STUDENT:

Explain the extent, if any, to which the student will not participate in appropriate activities with age-appropriate nondisabled peers (e.g., percent of the school day and/or specify particular activities):

PARTICIPATION WITH STUDENTS WITHOUT DISABILITIES

FOR THE SCHOOL-AGE STUDENT:

Explain the extent, if any, to which the student will not participate in regular class, extracurricular and other nonacademic activities (e.g., percent of the school day and/or specify particular activities):

If the student is not participating in a regular physical education program, identify the extent to which the student will participate in specially-designed instruction in physical education, including adapted physical education:

EXEMPTION FROM LANGUAGE OTHER THAN ENGLISH DIPLOMA REQUIREMENT:
☐No ☐Yes - The Committee has determined that the student's disability adversely affects his/her ability to learn a language and recommends the student be exempt from the language other than English requirement.

STUDENT NAME: **NYC ID**

SPECIAL TRANSPORTATION

TRANSPORTATION RECOMMENDATION TO ADDRESS NEEDS OF THE STUDENT RELATING TO HIS/HER DISABILITY

☐ None.
☐Student needs special transportation accommodations/services as follows:
☐ Student needs transportation to and from special classes or programs at another site:

PLACEMENT RECOMMENDATION

SUMMARY

STUDENT INFORMATION

Student Name:
NYC ID:
DOB:
Gender:
Parents Language(s) Spoken/Mode Communication:

IEP INFORMATION

Date of IEP Meeting:
IEP Amendment: ☐Yes ☐No
Reconvene of IEP Meeting: ☐Yes ☐No

INSTRUCTIONAL/FUNCTIONAL LEVELS

Reading:
Math:

SUMMARY OF RECOMMENDATIONS

Classification of Disability:

Recommended Services:
12-Month Services:

Does Tyrese have a Behavioral Intervention Plan? No
Recommended for Specialized Transportation: ☐None ☐Student needs specialized transportation

School Type:

Medical Alert: The student has ☐ medical conditions and/or ☐ physical limitations which affect his☐ learning, ☐ behavior and/or ☐ participation in school activities.

The student requires ☐ medical and/or ☐ health care treatment(s) or procedure(s) during the school day.

PROMOTION CRITERIA
CURRENT YEAR
☐Standard ☐Modified
NEXT YEAR
☐Standard ☐Modified

Parent Concerns:

OTHER OPTIONS CONSIDERED
Reason(s) for Rejection:

STUDENT NAME: **NYC ID**

DATE OF IEP:

ATTENDANCE PAGE		
PLEASE NOTE THAT YOUR SIGNATURE REFLECTS YOUR PARTICIPATION AT THE CONFERENCE AND DOES NOT NECESSARILY INDICATE AGREEMENT WITH THE INDIVIDUALIZED EDUCATION PROGRAM.		
ROLE (INDICATE IF BILINGUAL)	**NAME**	**SIGNATURE**
Related Service Provider/Special Education Teacher		
Parent/Legal Guardian		
District Representative		