

FSM DEPARTMENT OF EDUCATION SPECIAL EDUCATION PROGRAM

Individualized Education Program

Date of IEP Meeting:						
Name of Student:	Grade:	DOB:	<input type="checkbox"/> Initial IEP	<input type="checkbox"/> IEP Review		
Primary Language:	Home Village:					
Parent's Name:	Contact Number:					
Mailing Address:						

Post-Secondary Outcomes	c - Present Levels of Academic Achievement and Functional Performance and How Disability Affects Involvement in General Curriculum	d – Measurable Annual Academic and Functional Goals *Note: Short-term objectives required for students who are taking an alternate assessment	e – Special Education and Related Services and Supplementary Aids and Services	e – Program Modifications and Supports for School Personnel	f – Start date for each service & Modification, Frequency, Location, and Duration of Services

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1. **g** If the child is not participating with nondisabled children in the regular classes, extracurricular activities or nonacademic activities, explain why:

2. Statewide Assessment

- a. Is the child participating in all of the statewide assessment? Yes No
- b. Will the child require accommodations for any parts? Yes No
 - If yes, which parts require accommodations?

Types of accommodations needed:

- Timing/scheduling Setting
- Response format Presentation format

NOTE: accommodations should be consistent with those provided for daily instruction.

- c. Will the student be participating in an alternate assessment? Yes No
- d. Explain why the regular assessment is not appropriate: _____

e. Statement why the particular alternates assessments selected is appropriate for the child:

3. The child's progress on annual goals will be measured by:

- Informal assessment Formal assessment

4. The child's parents will be regularly informed of progress at least quarterly:

- Progress report Home note Report card Other _____

5. **TRANSACTION SERVICES:** for ages 14 and above (or younger if appropriate), and updated annually:

a. Student's courses of study for the school year _____

b. For each student being at age 16 (or younger if determined appropriate by IEP), a state of needed transition services:

Post-school Outcomes

Employment: _____

Post-Secondary Education: _____

Independent Living: _____

Community Participation: _____

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<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Student's preferences and interests are attached.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Transition outcomes are included in the IEP.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Student's IEP requires instruction to meet transition outcomes.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Student's IEP requires related services to meet transition outcomes.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Student's IEP requires community experience to meet transition outcomes.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. Student's IEP requires the development of employment and other post-school adult living objectives to meet transition outcomes.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. Student's IEP requires objectives related to the acquisition of daily living skills and functional vocation evaluation.

If the IEP Team responds with a "YES" to any of questions from #2-#7, then the appropriate statement should be included in the IEP.

6. TRANSFER OF RIGHTS

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Will student reach the age of majority within one year?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. If YES, has the student been informed of his/her rights under IDEA, if any that will transfer to the student on reaching the age of majority?

Considerations of Special Factors:

As part of the IEP development, the following factors should be considered if they are critical to the provision of a free appropriate public education (FAPE).

- Yes No 1. Are the child's behaviors preventing him/her or others from learning?

If YES, identify strategies, including positive behavior interventions, strategies, and supports to address the behavior:

- Yes No 2. The child is a child with limited English proficiency.

If YES, identify the language needs of the child as such needs related to the child's IEP.

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- Yes No 3. If the child blind or visually impaired?

If YES, provide for instruction in Braille and the use of Braille unless the IEP Team determines after an evaluation of the child's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is not appropriate for the child.

- Yes No 4. Does the child have communication needs or is the child deaf or hard of hearing?

If YES, identify the child's language and communication needs, opportunities for direct communication with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode.

- Yes No 5. Does the child require assistive technology devices and services?

If YES, identify the assistive technology devices or assistive technology services, or both, that are required for the child with a disability if part of the child's special education, related services, or supplementary aids and services.

- Yes No 6. The child requires the assistive technology device and/or service in the home or in other settings in order to receive FAPE.

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Extended School Year (Mark with an "x")

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. The student has failed to make any gains (or few gains) during the year.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. There is evidence that a skill included in an IEP is an emerging skill.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. The IEP team feels that if instruction is interrupted, the student will not make reasonable gains.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. There is evidence that the student regresses significantly during interruptions in instruction.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. When the student regresses, it takes a long time to regain the skill. From year to year, the student fails to make reasonable educational progress on IEP goals and objectives.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. The student is working on a critical skill that is part of his/her IEP related to independence.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. There is evidence that an interruption in instruction will up the student's increased independence at risk or make him/her more dependent upon others.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. Based on the responses to the above question, the team has decided that Extended School Year services are necessary for the provision of FAPE to the child.

If yes for Item 8, identify annual goals that will be addressed.

The following individuals were in attendance and participated in the development of the above IEP:

Signature of Team Members	Title	Agree	Disagree
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

A copy of the evaluation report and the eligibility statement is given to the parent(s).