

# INDIVIDUALIZED EDUCATION PROGRAM (IEP)

NAME OF CHILD: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

FIRST

MIDDLE

LAST

BIRTHDATE: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: \_\_\_\_\_  
MONTH/DAY/YEAR MONTH/DAY/YEAR

PARENT(S): \_\_\_\_\_

PHONE: (WORK) \_\_\_\_\_ (HOME) \_\_\_\_\_ (OTHER) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ DISTRICT/AGENCY: \_\_\_\_\_  
STREET ADDRESS/P.O. BOX CITY STATE ZIP

BUILDING: \_\_\_\_\_ SITE CODE \_\_\_\_\_ IEP TEACHER OF RECORD \_\_\_\_\_

The following member of the IEP team is NOT required to attend, in whole or in part. Please describe the nature of in-part.

I agree this listed member is not required to attend, in whole or in part. (Complete the Comment Form if needed.)

Parent Signature: \_\_\_\_\_ LEA Representative Signature: \_\_\_\_\_

☐ INITIAL IEP ☐ INTERIM IEP ☐ SUBSEQUENT IEP DATE AMENDED or MODIFIED: \_\_\_\_\_

POSTSECONDARY GOAL(S): \_\_\_\_\_

**Present Levels of Academic Achievement and Functional Educational Performance:** Document current evaluation data and write objective statements, (may include most recent statewide, districtwide, and transition assessments) to demonstrate how the child's disability affects the child's involvement and progress in the general education curriculum and postsecondary transition, as appropriate. For preschool children, describe how the disability affects the child's participation in age appropriate activities.

## Current Assessment Data

## Objective Statements

List **strengths of the child** and a statement of the **anticipated effects** on the child's participation in the general education curriculum or appropriate activities.

List the educational needs resulting from the child's disability, which may require special education, related services, supplementary aids, supports for personnel, or modifications.

Strengths:

Anticipated Effects:

**Consideration of special factors:** Check yes or no whether the IEP team considers each special factor to be relevant to this child.

Yes No

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Strategies, positive behavior interventions and supports, as appropriate, if behavior impedes learning of self or others  |
| <input type="checkbox"/> | <input type="checkbox"/> | Language needs as related to the IEP for a child with limited English proficiency (LEP)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Communication needs, and for child who is deaf or hard of hearing, the language and communication needs and opportunities for communication and instruction in the child's native language and communication mode |
| <input type="checkbox"/> | <input type="checkbox"/> | Whether this child requires assistive technology devices and service  |

**For special factors checked yes, explain determinations of the team as to whether services are required in the IEP.**

Parent Concerns for Enhancing the Child's Education:

# IEP – Goals Page

NAME OF CHILD: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_  
 FIRST MIDDLE LAST

<b>Annual Goals:</b> Provide measurable annual goals, including academic and functional goals to enable the child to be involved in and make progress in the general education curriculum (for a preschool child in the appropriate activities), and to meet other educational needs that result from the disability.						
GOAL # _____						
Parents are to be informed of progress in annual goals, in addition to general education academic performance reports, at least as often as parents of nondisabled students. Describe <b>how often</b> this will occur and <b>what methods</b> will be utilized.	Record the extent of progress toward achieving the annual goals by the end of the year (i.e., one-half, two-thirds, fifty percent, passing grades in general curriculum).					
	DATE	DATE	DATE	DATE	DATE	DATE
How will the extent of progress toward annual goals be measured?						
GOAL # _____						
Parents are to be informed of progress in annual goals, in addition to general education academic performance reports, at least as often as parents of nondisabled students. Describe <b>how often</b> this will occur and <b>what methods</b> will be utilized.	Record the extent of progress toward achieving the annual goals by the end of the year (i.e., one-half, two-thirds, fifty percent, passing grades in general curriculum).					
	DATE	DATE	DATE	DATE	DATE	DATE
How will the extent of progress toward annual goals be measured?						
GOAL # _____						
Parents are to be informed of progress in annual goals, in addition to general education academic performance reports, at least as often as parents of nondisabled students. Describe <b>how often</b> this will occur and <b>what methods</b> will be utilized.	Record the extent of progress toward achieving the annual goals by the end of the year (i.e., one-half, two-thirds, fifty percent, passing grades in general curriculum).					
	DATE	DATE	DATE	DATE	DATE	DATE
How will the extent of progress toward annual goals be measured?						
COMMENTS:						

# IEP – Goals and Objectives Page

NAME OF CHILD: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_  
 FIRST MIDDLE LAST

**Annual Goals:**  
 Provide measurable annual goals, including academic and functional goals to enable the child to be involved in and make progress in the general education curriculum (for a preschool child in the appropriate activities), and to meet other educational needs that result from the disability.

**Short-term Objectives or Benchmarks:** In addition to Annual Goals, provide at least two short-term objectives or benchmarks per goal for children who take alternate assessments aligned to alternate achievement of the standards.

GOAL # \_\_\_\_\_

## SHORT-TERM OBJECTIVES / BENCHMARKS:

Parents are to be informed of progress in annual goals, in addition to general education academic performance reports, at least as often as parents of nondisabled students. Describe **how often** this will occur and **what methods** will be utilized.

Record the extent of progress toward achieving the annual goals by the end of the year (i.e., one-half, two-thirds, fifty percent, passing grades in general curriculum).

DATE	DATE	DATE	DATE	DATE	DATE

How will the extent of progress toward annual goals be measured?

--	--	--	--	--	--

GOAL # \_\_\_\_\_

## SHORT-TERM OBJECTIVES / BENCHMARKS:

Parents are to be informed of progress in annual goals, in addition to general education academic performance reports, at least as often as parents of nondisabled students. Describe **how often** this will occur and **what methods** will be utilized.

Record the extent of progress toward achieving the annual goals by the end of the year (i.e., one-half, two-thirds, fifty percent, passing grades in general curriculum).

DATE	DATE	DATE	DATE	DATE	DATE

How will the extent of progress toward annual goals be measured?

--	--	--	--	--	--

## COMMENTS:

IEP – Transition Services Plan – Goals and Activities Page
(Beginning at Age 14, or Younger if Appropriate)

NAME OF CHILD: FIRST MIDDLE LAST STUDENT ID:

Postsecondary Goal(s):

Annual Transition Goals
Provide measurable annual transition goals to assist the young adult in working toward the postsecondary goal. The annual transition goal(s) must include academic and functional goals to enable the young adult to be involved in and make progress in the general education curriculum and in community experiences. For a young adult who is aged 14 or older, postsecondary goals based upon age appropriate transition assessments related to education/training, employment, and where appropriate, independent living skills, and to meet other educational needs that result from the disability. For young adults being taught to alternate achievement of the standards, include a minimum of two (2) short-term objectives or benchmarks for each annual transition goal.

Education/Training Goal(s)

Short-Term Objectives/Benchmarks (as needed)

Coordinated Activities	Responsible Party(ies)
------------------------	------------------------

Parents are to be informed of progress in annual goals, in addition to general education academic performance reports, at least as often as parents of nondisabled young adults. Describe how often this will occur and what methods will be utilized.	Extent of progress toward achieving the annual transition goals by the end of the year (i.e., one-half, two-thirds, fifty percent, passing grades in general curriculum).					
	DATE	DATE	DATE	DATE	DATE	DATE

How will the extent of progress toward annual goals be measured?					
--	--	--	--	--	--

NAME OF CHILD: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

FIRST                      MIDDLE                      LAST

<b>Employment Goal(s)</b>							
<b>Short-Term Objectives/Benchmarks (as needed)</b>							
<b>Coordinated Activities</b>		<b>Responsible Party(ies)</b>					
Parents are to be informed of progress in annual goals, in addition to general education academic performance reports, at least as often as parents of nondisabled students. Describe <b>how often</b> this will occur and <b>what methods</b> will be utilized.		Extent of progress toward achieving the annual transition goals by the end of the year (i.e., one-half, two-thirds, fifty percent, passing grades in general curriculum).					
		<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>
How will the extent of progress toward annual goals be measured?							
<b>Independent Living Goal(s)</b>							
<b>Short-Term Objectives/Benchmarks (as needed)</b>							
<b>Coordinated Activities</b>		<b>Responsible Party(ies)</b>					
Parents are to be informed of progress in annual goals, in addition to general education academic performance reports, at least as often as parents of nondisabled students. Describe <b>how often</b> this will occur and <b>what methods</b> will be utilized.		Extent of progress toward achieving the annual transition goals by the end of the year (i.e., one-half, two-thirds, fifty percent, passing grades in general curriculum).					
		<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>
How will the extent of progress toward annual goals be measured?							

# IEP – Transition Services Plan – Course of Study

(Beginning at Age 14, or Younger if Appropriate)

NAME OF CHILD: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_  
FIRST MIDDLE LAST

**Transition Assessment Results as they relate to the postsecondary goal(s), including vocational interests, broad-based transition assessments, self-determination assessments, academic assessments, life skills assessments, etc.:**

---

---

---

---

**Postsecondary Goal(s):** Write measurable goals that detail what the young adult's plans are after high school for further education/training, employment, and independent living skills when appropriate. Consider the child's needs in relation to strengths, preferences, and interests.

---

---

---

---

**Build a course of study, to be updated annually, to assist the young adult in achieving the postsecondary goal(s):**

Grade _____	Grade _____	Grade _____
Grade _____	Grade _____	<b>Projected date of graduation/program completion and type:</b>
		_____
		_____
		<input type="checkbox"/> Standard Diploma
		<input type="checkbox"/> General Education Development (GED)
		<input type="checkbox"/> Other _____

In planning the course of study, is information needed regarding opportunities for vocational education (e.g., high school vocational education courses, school-based training, work study programs, technology education, or area career technology center programs)?

☐ Yes ☐ No

If yes, document date(s) when information was provided to young adult and parent(s). Date: \_\_\_\_\_

By age 16, the young adult has been referred to the vocational rehabilitation counselor in the young adult's school district.

☐ Yes ☐ No

Person responsible for the referral: \_\_\_\_\_ Date: \_\_\_\_\_

Name of the Vocational Rehabilitation Counselor: \_\_\_\_\_

Have the young adult and parent(s) been provided a copy of the referral form? ☐ Yes ☐ No

If no, explain why. \_\_\_\_\_

If yes, explain how. \_\_\_\_\_

By age 17, have young adult and parent(s) been informed of any transfer of rights at age of majority? ☐ Yes ☐ No

If no explain why: \_\_\_\_\_

Comments: \_\_\_\_\_

---

---

---

# IEP – Services Page

NAME OF CHILD: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_  
FIRST MIDDLE LAST

**Special Education Services:** List each special education service and placement setting. The **continuum of placements** for the least restrictive environment (LRE) includes regular classes full-time, special classes part-time or full-time, public/private separate day school facility, public/private residential facility, home instruction/hospital environment, correctional facility, or parentally placed in private schools. For preschool children (aged 3 through 5), the continuum includes early childhood program, special education program, residential facilities, home, service provider location.

Type of Service(s)	Continuum of Placement	Amount of Services (Time and Frequency)	Starting Date	Ending Date	Person Responsible (Title)

**Related Services:** List each related service necessary for the child to benefit from special education.

Type of Service(s)	Location of Services	Amount of Services (Time and Frequency)	Starting Date	Ending Date	Person Responsible (Title)

While receiving special education and related services, the child will NOT participate in the following areas of general education curriculum or age appropriate activities:

**Amount of time in general education setting:** \_\_\_\_\_ of \_\_\_\_\_ periods per day or \_\_\_\_\_ % of instructional day.  
If block schedule, describe:

Is this child's instructional day the same length as nondisabled peers? ☐ Yes ☐ No

If no, describe the reason(s) for a shortened school day:

<input type="checkbox"/> Regular PE <input type="checkbox"/> Adapted PE <input type="checkbox"/> NA If not applicable provide justification:	List modifications necessary for this child to participate in regular PE (specially designed adapted PE, if needed, must be addressed on the IEP):
---	--

Supplementary aids and services, program modifications and/or supports for personnel in general education or other education-related settings not otherwise addressed as special education or related services:

<b>Supplementary aids and services:</b>	<b>Location/Class/Settings</b>
<b>Program modifications:</b>	<b>Location/Class/Settings</b>
<b>Supports for personnel:</b>	<b>Location/Class/Settings</b>

# IEP – Signature Page

NAME OF CHILD: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_  
FIRST MIDDLE LAST

## State and Districtwide Assessment Programs

Child will participate in: ☐ Oklahoma Core Curriculum Test (OCCT) ☐ Alternate Assessment (OAAP or OMAAP)  
If the child is participating in alternate assessment, has the IEP team considered the guidelines for participation in alternate assessment?  
☐ Yes ☐ No If no, explain why:  
If the child is participating in an alternate assessment, how will the child be assessed? ☐ OAAP Portfolio ☐ OMAAP  
If the child is participating in OMAAP, list each subject for which the child will participate.  
  
Specify state approved accommodations used in **each** test administration.

## Extended School Year (ESY) Services

ESY Services: ☐ Requires further data; will reconvene by \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ are necessary ☐ are not necessary  
Attach the ESY Checklist (OSDE Form 16) and other relevant documentation that explains how determination was made. If necessary, describe services provided:

## Documentation of LRE Placement Considerations

Describe continuum of placements considered and reasons determined not appropriate:

Is this placement in the school the child would normally attend if nondisabled? ☐ Yes ☐ No  
If no, is the placement as close as possible to the child's home? ☐ Yes ☐ No  
If no, explain why the IEP requires other arrangements:

Explain considerations of potential harmful effects on the child or the quality of services needed:

When special classes, separate schools/facilities, or other removal from the general education environment occurs, describe how the nature and severity of the disability is such that education in general education classes, with the use of supplementary aids and services, cannot be achieved satisfactorily:

## Documentation of NIMAS Eligibility:

Date of next IEP \_\_\_\_\_ Date of Subsequent IEP following Interim IEP \_\_\_\_\_ Date of next 3 year reevaluation \_\_\_\_\_

## Team Participant Signatures:

Parent(s) _____	Date _____	<input type="checkbox"/> Agree	<input type="checkbox"/> *Disagree
Special Education Teacher _____	Date _____	<input type="checkbox"/> Agree	<input type="checkbox"/> *Disagree
Regular Education Teacher _____	Date _____	<input type="checkbox"/> Agree	<input type="checkbox"/> *Disagree
Administrative Representative _____	Date _____	<input type="checkbox"/> Agree	<input type="checkbox"/> *Disagree
Student _____	Date _____	<input type="checkbox"/> Agree	<input type="checkbox"/> *Disagree
Other _____	Date _____	<input type="checkbox"/> Agree	<input type="checkbox"/> *Disagree

**\*Team members who disagree may submit separate statements presenting their conclusions. (Complete Comment Form as necessary.)**

If parent(s) did not attend the IEP meeting, explain other methods to ensure parent participation (and/or child as appropriate):  
(e.g., Conference call, videoconference, home visit)

## Parents have protection under the procedural safeguards.

Parents have received *Parents Rights in Special Education*

☐ Yes ☐ No **Parent Initial** \_\_\_\_\_

Parents have received *Parent Survey* form and *business reply* envelope: ☐ Yes ☐ No **Parent Initial** \_\_\_\_\_

Translation/Interpretation needed: ☐ Yes ☐ No  
If yes, specify how provided. **Parent Initial** \_\_\_\_\_

**Parent consent for initial placement** ☐ Yes ☐ No

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_