



INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM REPORT

Date of IEP Team Meeting:	Date of IEP Offer of FAPE:	Date of Most Recent Evaluation IEP:
Student Name:	Home Phone:	
Student's Address, County:	State:	Zip Code:
Student Primary Language:	Resident District for Purpose of FAPE:	
Birthdate:	Language In the Home:	Grade:
	Age: -	

PURPOSE

Purpose of IEP Team Meeting: _____ Additional Purpose: None Date of Revision/Amendment: _____

These sections of the IEP have been modified:

PARTICIPANTS

- | | |
|---|---|
| <input type="checkbox"/> Student: | <input type="checkbox"/> Parent/Guardian: |
| <input type="checkbox"/> General Ed Teacher: | <input type="checkbox"/> Parent/Guardian: |
| <input type="checkbox"/> Special Ed Provider: | <input type="checkbox"/> School District Rep: |
| <input type="checkbox"/> Eval Team Rep: | <input type="checkbox"/> Other/Title: |
| (the individual who can interpret the instructional implications of evaluation results) | |
| <input type="checkbox"/> Other/Title: | <input type="checkbox"/> Other/Title: |
| <input type="checkbox"/> Other/Title: | <input type="checkbox"/> Other/Title: |
| <input type="checkbox"/> Other/Title: | <input type="checkbox"/> Other/Title: |

These IEP Team members were absent, but submitted their input to the Team in writing:

General Ed Teacher:	School District Rep:
Special Ed Provider:	Special Ed Provider:
Other/Title:	Other/Title:

STUDENT PROFILE AND ELIGIBILITY

In determining both eligibility and need for special education programs/services, the IEP Team must consider each of the following:

Student Strengths

Parent/Guardian Concerns

Current Evaluations

Based on 1) 's current functioning, 2) the most recent evaluation findings and 3) any additional assessment information, does the IEP Team determine that this student has a disability that requires special education programs/services?

No, is not eligible for special education

Primary Disability

Qualifying Criteria

Qualifying Criteria

Medical Diagnosis

Secondary Disability

Qualifying Criteria

Qualifying Criteria

Medical Diagnosis

Yes No

Student Name:

Date of Revision/Amendment:

Secondary Transition Considerations		
Transition Assessments Completed:		Date of Most Recent Assessment:
Assessments	Student/Parent Input	School Observation Data
Date of Educational Development Plan (EDP):		
If student did not attend IEP, describe steps taken to ensure consideration of student's preferences/vision:		

Student's Post-Secondary Vision and Transition Activities			
Career/Employment: As an adult, what kind of work will you do?			
Career/Employment Assessment Results: Present level assessment related to this vision statement.			
Is there a need for activities or services for Career/Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Activity	Explanation of activity/service	Responsible Agency/Persons	Expected Completion Date
Post-Secondary Education/Training: After leaving school, what additional education and training will you do?			
Post-Secondary Education/Training Assessment Results: Present level assessment related to this vision statement.			
Is there a need for activities or services for Post-Secondary Education/Training? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Activity	Explanation of activity/service	Responsible Agency/Persons	Expected Completion Date
Adult Living: As an adult, what kind of living arrangements will you have?			
Adult Living Assessment Results: Present level assessment related to this vision statement.			
Is there a need for activities or services for Adult Living? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Type of Activity	Explanation of activity/service	Responsible Agency/Persons	Expected Completion Date
Community Participation: As an adult, how will you want to be involved in your community?			
Community Participation Assessment Results: Present level assessment related to this vision statement.			
Is there a need for activities or services for Community Participation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Activity	Explanation of activity/service	Responsible Agency/Persons	Expected Completion Date

Course of Study
Describe how the student's course of study aligns with the postsecondary vision:
Check Only One: <input type="checkbox"/> Michigan Merit Curriculum leading to a high school diploma. Is a Personal Curriculum on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Course of Study leading to Certificate of Completion
Is expected to graduate with a Regular Diploma during this IEP year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will complete age eligibility for Special Education services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated graduation or completion date:

Community Agency Involvement
Was there a need to invite a community agency representative likely to provide current or future services? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, did agency representative attend? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any additional steps taken to ensure that the student has made connections with any appropriate outside programs and services:

Parental Rights and Age of Majority
Check all that apply:
<input type="checkbox"/> The student will be age 17 during this IEP and the student was informed of parental rights that he or she will receive at age 18.
<input type="checkbox"/> The student has turned age 18 and the student and parent were informed of parental rights that were transferred to the student at age 18, including the right to invite a support person such as a parent, advocate, or friend.
<input type="checkbox"/> The student has turned age 18 and there is a guardian established by court order. The guardian is: .
<input type="checkbox"/> The student has turned age 18 and a legally designated representative has been appointed. The representative is: as .

Student Name:

Date of Revision/Amendment:

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Progress on most recent goals and objectives?

<u>Area of Need</u>	<u>Subarea of Need</u>	<u>Goal?</u>
		<input type="checkbox"/>
<u>Data Sources and Description of Need</u>		
<u>Adverse Impact</u>		

Student Name:

Date of Revision/Amendment:

SPECIAL FACTORS, SUPPLEMENTARY AIDS AND ASSESSMENTS

Supports and Modifications to the Environment, Behavior Training Needs, Social Interaction Supports for the Student, Health-Related Needs, Physical Needs, Transition aids and supports are provided to enable the student:

- To advance appropriately toward attaining the annual goals.
- To be involved and progress in the general education curriculum and to participate in extra-curricular and other nonacademic activities.
- To be educated and participate in activities with other students with disabilities and nondisabled students.

Explain the extent, if any, to which the student will not participate with nondisabled students:

The IEP team must consider the following areas of need for each student.

For the areas of need below, does require supports and/or services due to?

- Yes No Communication needs
- Yes No Need for assistive technology devices and services.

The IEP team must consider the following for the student, as appropriate.

- The use of positive behavioral interventions and supports, and other strategies, to address behavior because the student has behavior that impedes his or her learning or the learning of others.
- The language needs of the student because the student has limited English proficiency.
- Braille instruction because the student is blind or visually impaired.
- The mode of language and communication because the student is deaf or hard of hearing.

Supplementary aids and services are needed at this time.

<u>Supplementary Aids/Program Modifications/Support for School Personnel</u>	<u>Frequency/Timeline</u>	<u>Location</u>

STATE ASSESSMENTS

Are state assessments required for the grade level(s) covered by this IEP?

Yes No

To participate in the state assessment(s), will require accommodations and/or alternative assessments?

Yes No

Does need to take an alternate assessment instead of a particular state assessment?

Yes No

Rationale:

Student Name:

IEP Date:

PERSONAL CARE SERVICES

Does the student have a chronic condition(s) that requires Personal Care Services (identified below) to enable (,him,her) to accomplish Activities of Daily Living (ADL) in the area(s) checked here: Yes No

		Reason Personal Care Services are needed	Frequency / Timeline	Location
Eating	<input type="checkbox"/> Eating/Feeding			
	<input type="checkbox"/> Meal Preparation			
Grooming/Hygiene	<input type="checkbox"/> Bathing			
	<input type="checkbox"/> Dressing			
	<input type="checkbox"/> Grooming			
	<input type="checkbox"/> Personal hygiene			
	<input type="checkbox"/> Skin Care			
Health Related	<input type="checkbox"/> Assistance with self-administered medications			
	<input type="checkbox"/> Health related functions through hands-on assistance, supervision and cueing			
	<input type="checkbox"/> Intervention for Seizure Disorder			
	<input type="checkbox"/> Medical Equipment Maintenance			
	<input type="checkbox"/> Redirection and intervention for behavior			
	<input type="checkbox"/> Respiratory Assistance			
Mobility	<input type="checkbox"/> Ambulation			

	<input type="checkbox"/> Mobility			
	<input type="checkbox"/> Muscle Strengthening			
	<input type="checkbox"/> Positioning			
	<input type="checkbox"/> Transferring			
Toileting	<input type="checkbox"/> Toileting			
	<input type="checkbox"/> Maintaining continence			

Student Name:

Date of Revision/Amendment:

ACCOMMODATIONS AND ALTERNATE ASSESSMENT

For the listed state and district assessments, the IEP Team has determined that the following accommodations and/or alternative assessments are needed for to participate:

{-presentation,presentation1,presentation2,presentation3,presentation4,response,response1,response2,response3,response4,setting,setting1,timing,timing1,timing2}

Assessment	Subtest	Time/Schedule	Setting	Presentation	Response

Additional information:

Alternate Social Studies Assessment determined by the District:

Early Literacy and Mathematics Benchmark Assessment Accommodations			
Assessment	Universal Accommodations	Designated Supports	Accommodations

Student Name:

IEP Date:

GOALS AND OBJECTIVES

Area of Need:

Subarea:

Curriculum Reference:

Grade:

Subject:

Strand: Domain:Content Standard:

Domain:

Early Learning Expectation:

Anchor Standard: Common Core Standard: Cluster: Emerging Indicator: Sub-Expectation: Benchmark: Extended Expectation:

Cluster: Anchor Standard:

Common Core Standard:

Unknown curriculum level(s): Focus Area.

Grade Level Standard:

Essential Element Standard:

Annual Goal:

Will a graph be used to report progress toward the annual goal and associated objectives/benchmarks? Yes No

Baseline Data Point:

Start Date of Monitoring:

Target for Success:

End Date of Monitoring:

Short-Term Instructional Objectives/Benchmarks:

	Objectives/Benchmarks	Criteria	Evaluations	Schedule
1				
2				
3				
4				

Staff Responsible for Goal: , , , :

How will progress on goals and objectives be reported

- Progress Reporting-Text Option
- Progress Reporting-Other Option (Specify):

Comments:

When will progress on goals and objectives be reported?

- Every Grading Period
- Other:

Student Name:

Date of Revision/Amendment:

Programs and Services												
Related Services with General Education and/or Special Education Programs Direct Service: the primary mode of service is directly working with the student. There may be occasional consultation with others. Consultative Service: the primary mode of service is working with the teacher(s) and others having daily contact with the student. Direct work with the student is occasional												
Current IEP Year: From Date						To Date:						
School Year:						School Year:						
Grade:						Grade:						
Related Services	Start Date	End Date	Service Mode	Minutes			Sessions		Frequency	Setting within Location		
				Low Min.	Expected Minutes	High Min.	Low Number	High Number				
			<input type="checkbox"/> Direct <input type="checkbox"/> Consultative									
Programs	Depart- mentalized	Start Date	End Date	Offered At	Provided By	SE			GE		Total Min	Frequency
						Low Min	Expected Minutes	High Min	Low Min	High Min		
	<input type="checkbox"/> Y <input type="checkbox"/> N											

Are you sure the student has no programs?

Does the student require a reduced day? Yes No

If yes, then reduced day is allowed for:

Student Name:

IEP Date:

OTHER CONSIDERATIONS

TRANSPORTATION PROVISIONS

Has the IEP Team determined that requires special transportation?

No, transportation is not required or general education transportation is sufficient to meet 's needs. Yes, special transportation is required due to the following:

- The recommended programs/services are not available in 's regular attendance area.
- The medical, health or developmental and/or behavioral needs of this student necessitate special transportation.

Transported By: ISD Local District

Vehicle Type	Stop Type	Start Date	End Date
:	:		

Describe other required transportation provisions not listed in the table above:

EXTENDED SCHOOL YEAR

- The IEP Team has considered the anticipated needs of this student including the need for extended school year (ESY) services
- ESY services are needed

ANTICIPATED NEEDS AND OTHER COMMENTS

Other Comments related to this IEP:

Yes No



NOTICE REGARDING PROVISION OF SPECIAL EDUCATION

STUDENT INFORMATION

Student:	Date of IEP Team Meeting:
Birthdate:	Resident District for Purpose of FAPE:
Age: -	Student Primary Language:
Grade:	Language in the Home:

PURPOSE

This notice is a result of the Individualized Education Program (IEP) Team meeting that was held on the date listed above for the following purpose(s):

Primary Purpose:	Additional Purpose:
Date of Revision/Amendment:	

INITIAL PROVISION OF PROGRAMS AND SERVICES

You are receiving this notice because, based upon the initial IEP Team meeting, was found eligible for special education/services. We are proposing to implement {his,her} IEP. Upon district signature this notice and 's IEP constitute the district's offer of a Free Appropriate Public Education (FAPE).

Pending receipt of your written consent, programs/services/supplementary aids will start on:
The following person will assure implementation of this IEP:

NOTICE FOR PROVISION OF PROGRAMS AND SERVICES

You are receiving this notice because, based upon the most recent IEP Team meeting, remains eligible for special education programs/services. Upon district signature, this notice and 's IEP constitute the district's offer of a Free Appropriate Public Education (FAPE).

All programs/services/supplementary aids will start on:
The following person will assure implementation of this IEP:

NOTICE OF INELIGIBILITY FOR SPECIAL EDUCATION PROGRAMS AND SERVICES

You are receiving this notice because, based upon the initial IEP Team meeting, was found ineligible for special education programs/services. If age-appropriate, the district will support using resources in general education.

NOTICE OF DISCONTINUATION OF SPECIAL EDUCATION PROGRAMS AND SERVICES

You are receiving this notice because, based upon the most recent IEP Team meeting, was found ineligible for provision of special education programs/ services. If age-appropriate, the district will support using resources in general education.

All programs/services/supplementary aids will end on:

OPTIONS CONSIDERED

The IEP Team Report describes the assessment/evaluation procedures and data used during the IEP Team meeting. The following options were considered but not selected for the reason(s) indicated below:

Considered Options	Reasons Not Selected

Other relevant factors to the district's proposal or refusal:

RESOURCES FOR PARENTS

The that you received describes protections under the Individuals with Disabilities Education Act (IDEA). Information is also available from:

- MICHIGAN ALLIANCE FOR FAMILIES, 1819 South Wagner Road, PO Box 1406, Ann Arbor, MI 49106; 1-800-552-4821; www.michiganallianceforfamilies.org
- MICHIGAN DEPARTMENT OF EDUCATION, OFFICE OF SPECIAL EDUCATION AND EARLY INTERVENTION SERVICES, PO Box 30008, Lansing, MI 48909; 1-517-373-0923; www.michigan.gov/mde
- MICHIGAN PROTECTION AND ADVOCACY, 4095 Legacy Parkway, Suite 500, Lansing, MI 48911-4263; 1-800-288-5923; www.mpas.org

SIGNATURES

DISTRICT COMMITMENT

The school district superintendent/designee agrees with the recommendation of the IEP Team.

Resident District Superintendent/Designee: _____ **Date:** _____
District Commitment and FAPE date must occur within seven (7) days of the IEP Meeting Date ().

The school district superintendent/designee assures that the least restrictive environment has been fully considered and assigns this student to the following:

The resident district
 An operating district

Operating District:
Building/Program:

- The resident district authorizes the operating district to conduct subsequent IEP Team meetings.
- The operating district was previously authorized by the resident district to conduct subsequent IEP Team meetings.

Resident District Superintendent/Designee: _____ Date: Duplicate editable field!!! Operating District Superintendent/Designee: _____ Date: _____

PARENT/GUARDIAN/STUDENT

Parent consent is required for the initial provision of special education programs and/or services.
I/We, as parent/guardian/student:

- Give consent to the initial provision of special education programs/services
- Decline to give consent to the initial provision of special education programs/services
- Consent was not received within 10 school days

Parent/Guardian/Student: _____ Date: _____

OFFICE USE ONLY

Initial IEP Timeliness Code
Part C Transition Timeliness