CONNECTING THE PIECES

DEVELOPING STANDARDS-BASED INDIVIDUALIZED EDUCATION PROGRAMS
Learner Objective

Given specific examples in the process of IEP development participants will enhance their knowledge in developing standards-based IEP’s that are meaningful and individualized to ensure services for students scoring 100% accuracy on Q & A after each section.
IDEA 2004

- Present level of Academic Achievement
- Present level of Functional Performance
- How the Child’s disability Affects involvement in general education curriculum
- Measurable annual goals
- Benchmarks required for Alternate Achievement Standards
Steps to IEP Development

• Gather Data
• Analyze Data
• Summarize the Present Level of Academic Achievement and Functional Performance
• Write Measurable Annual Goals
• Provide Specially Designed Instruction
• Monitor Progress
Gather Data
• Recent Evaluation Results
• Previously Developed IEP’s
• Parent/Student/Teacher Input
• Observation
• Classroom Data
• Attendance/Discipline Reports
• Medical Reports
Analyze Data

To develop the student profile including general statements regarding:
Strengths; needs; parental concerns; student preferences and/or interests;
evaluation/assessment data; other – status of prior IEP goals, teacher/parent/student input, transition needs (at least by age 16)
Summarize the Present Level of Academic Achievement and Functional Performance

• **Ask**...what have we learned about the student’s strengths and weaknesses?
• **Ask**...what is the student capable of doing now?
• **Ask**...what prerequisite skills does the student need to close the gap between his/her present level and the grade level content standard or the functional achievement expectation?
• Specific
• Measurable
• Achievable
• Results-oriented
• Time-bound
Specially Designed Instruction

• Adapting, as appropriate, the content, methodology, and delivery of instruction.
• Describes what you are doing differently than what you would do for ALL students.
Monitor Progress

Continual assessment and collection of data to measure student progress. Monitoring progress also includes periodic analysis of student progress to determine if a change in instruction is needed.
Process Chart 4

ANNUAL IEP TEAM MEETING TO
DEVELOP THE IEP

Send Notice of Proposed Meeting/Consent for Agency Participation.

was provided should be documented.

Complete the form Persons Responsible for IEP Implementation to document that person(s) responsible for implementing the IEP have been informed of his/her specific responsibilities and have access to the IEP.

Implement IEP.

Develop Annual Goal Progress Report.

Consent is not required for the evaluations listed on the IEP that will measure the progress in attaining the goals and/or benchmarks. Assessments used to document progress toward annual goals should be included in the Type(s) of Evaluation for Annual Goal on the Annual Goal Page of the IEP.
The IEP Team is composed of the following:

- The Parent of the student with a disability
- Not less than one regular education teacher of the student
- Not less than one special education teacher of the student
- A representative of the public agency
- At the discretion of the parent or agency individuals who have knowledge or expertise regarding the student
- An individual who can interpret the instructional implications of evaluation results
- Whenever appropriate, the student with a disability
- Secondary Transition Services Participants
- Early Intervention Representatives
The purpose of this meeting is to:

[ ] Determine If Referral Requires Evaluation*
[ ] Discuss The Need For Additional Data Collection
[ ] Determine Initial Or Continued Eligibility
[ ] Develop Initial IEP Or Review/Revise IEP
[ ] Conduct Manifestation Determination
[ ] Develop Functional Behavioral Assessment Plan
[ ] Develop/Revise Behavioral Intervention Plan
[ ] Discuss Transition/Postsecondary Services
[ ] Conduct a Resolution Session

* Enclosure: Special Education Rights

The following people will be invited to meet with us:

[ ] Local Education Agency (LEA) Representative
[ ] Someone Who Can Interpret The Instructional Implications Of The Evaluation Results
[ ] General Education Teacher
[ ] Special Education Teacher
[ ] Parent
[ ] Student
[ ] Career/Technical Representative
[ ] Other Agency Representative(s) For Transition**
[ ] Agency Name

**Enclosure: Transition Services

Please contact me to arrange for attendance at the meeting. You may contact me by phone at [phone number] or email at [email].

I will contact you if I need more information.

I have indicated above:

[ ] GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.

(EXCLUDING the following agencies:)

[ ] DO NOT GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.

Signature of Parent or Student (Age 19)

Date

FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19) for the IEP Team meeting:

Date Notice Sent

Results of 1st Attempt

2nd Attempt Date

Action

Results of 2nd Attempt

Documented attempts to contact student/agency for an IEP Team meeting including transition services.

Student was notified on

Agency was notified on

ALSDA Approved Feb 2013
NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

STUDENT’S NAME: Student Name
DATE: 05/26/14  TIME: 10:00 AM
LOCATION: Classroom 210 at Elementary School

This purpose of this meeting is to:
• Discuss Need For Additional Data Collection
• Develop Initial or Continued Eligibility
• Develop Initial IEP or Reevaluate Student IEP
• Conduct Manifestation Determination
• Develop Functional Behavioral Assessment Plan
• Develop Service Behavioral Intervention Plan
• Discourage Transition/Postsecondary Services
• Develop Transition Plan

The following people will be invited to meet with:
Local Education Agency (LEA) Representative
Exceptional Student Laziness Who Can Impose The Exceptional Implications
General Education Teacher
Special Education Teacher
Parent
Counselor/Technical Representative
Other Agency Representative W/ Full Transition
Agency Name

Signature of Education Agency Official

Parent Signature

I will be able to meet with you.
I cannot meet at the date and time indicated. Please contact me to arrange another time.
I will not be able to meet with you. I will contact you if I want more information.

Parent Signature

Signature of Parent or Student (Age 19 or older)

Date

FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19) for the IEP Team meeting:

Date Notice Sent

Results of 1st Attempt

2nd Attempt Date

Results of 2nd Attempt

Documented attempts to contact student/agency for an IEP Team meeting including transition services:

Student was notified via

Agency was notified via

ALOE Approved Feb. 2015
### NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

**Student Name: Student Name**  
**Date:** 05/26/14  
**Time:** 10:00 AM  
**Location:** Classroom 210 at Elementary School

The purpose of this meeting is to:

- [ ] Discuss the Need for Additional Data Collection
- [ ] Determine Initial or Continued Eligibility
- [ ] Develop Initial IEP or Review Current IEP
- [ ] Conduct Manifestation Determination
- [ ] Develop Functional Behavioral Assessment Plan
- [ ] Develop Service Behavioral Intervention Plan
- [ ] Disseminate Transition/Postsecondary Services
- [ ] Conduct a Resolution Session
- [ ] [ ]

The following people will be invited to meet with us:

- [ ] Local Education Agency (LEA) Representative
- [ ] IEP Team Member: Other than Parent
- [ ] Other Agency Representative (IEP Team Member)

**Parent:**  
Name:  
Date: 05/16/14

**Student:**  
First Name: – Last Name:  
Date of Birth: 05/09/2014

**Reason:** Parent unable to attend-need to reschedule

### FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19 or older) for the IEP Team meeting.

- **Date Notice Sent:** 05/09/2014
- **Results of 1st Attempt:** Parent unable to attend-need to reschedule
- **2nd Attempt Date:**  
- **Action:**  
- **Results of 2nd Attempt:**  

**Documented attempts to contact student/agency for an IEP Team meeting including transition services.**

- **Student was notified on:**  
- **via:**  
- **Agency was notified on:**  
- **via:**  

**ALSDA Approved Mar 09 2013**
### NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

**Student Name**  

**Student Name**

**DATE**  

05/26/14

**TIME**  

10:00 AM

**LOCATION**

Classroom 210 at Elementary School

---

**Student Name**

First Name – Last Name

Signature of Education Agency Official  

**Signature of Education Agency Official**

Full Name of Case Manager  

05/16/14

---

**Parent – Student (Age 19 or older)**

Please check one of the following boxes, sign, date, and return this form to the Agency Official.

[ ] WILL BE ABLE TO MEET WITH YOU.

[ ] WILL NOT BE ABLE TO MEET WITH YOU. I will contact you if I need more information.

---

**Parent Signature**

---

**FOR SCHOOL PERSONNEL – Documented attempts to contact parent/birthdate (age 19) for the IEP Team meeting**

<table>
<thead>
<tr>
<th>Date of Notice</th>
<th>05/09/2014</th>
<th>Docent Name</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results of 1st Attempt</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd Attempt Date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Results of 2nd Attempt</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**ALDPS Approved Feb 2013**
New Meeting Notice
NOTICE OF PROPOSED MEETING: CONSENT FOR AGENCY PARTICIPATION

STUDENT’S NAME: \textit{Student Name}  
DATE: \textit{05/23/14}  TIME: 3:00 PM  LOCATION: Classroom 210 at Elementary School

The purpose of this meeting is:

- Determining if Federal Requirements are Met
- Determining if the Student Needs an Individualized Education Program (IEP)
- Determining if the Student Needs Additional Data Collection
- Determining Initial or Continued Eligibility
- Develop Initial IEP or Re-evaluate Existing IEP
- Conduct Manifestation Determination
- Develop Functional Behavioral Assessment Plan
- Develop and/or Revise Behavioral Intervention Plan
- Conduct Transition Services
- Conduct a Resolution Session

The following people will be invited to meet with us:

- Local Education Agency (LEA) Representative
- Special Education Teacher
- Parent
- Other Agency Representative(s) for Transition
- \textit{Agency Name}

Parents: Special Education Rights

Because your input is important to us, we encourage you to make every effort to attend this meeting. If you would like to participate by phone, please call the person below to make arrangements. You may bring other people with you who will be helpful to you in this process. If your child is transitioning from Early Intervention, you may request that an invitation be sent to the Early Intervention Program for the initial IEP Team meeting. Please contact the individual below if you would like to invite someone from the Early Intervention Program.

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the

PARENT – STUDENT (Age 19 or older)

Please check one of the following boxes, sign, date, and return this form to \textit{Full Name of Case Manager} before \textit{05/16/14}

\[ \square \text{ I WILL BE ABLE TO MEET WITH YOU.} \]
\[ \square \text{ I CAN NOT meet at the date and time indicated. Please contact me to arrange another time.} \]
\[ \square \text{ I WILL NOT BE ABLE TO MEET WITH YOU. I will contact you if I want more information.} \]

\begin{tabular}{|c|}
\hline
\textbf{Parent Signature} \\
\hline
\end{tabular}

\begin{tabular}{|c|}
\hline
Signature of Parent or Student (Age 19) \\
\hline
\end{tabular}

\begin{tabular}{|c|}
\hline
Date \\
\hline
\end{tabular}

FOR SCHOOL PERSONNEL – Documented attempts to contact parent/student (age 19) for the IEP Team meeting

\begin{tabular}{|c|c|}
\hline
RESULT OF 1st ATTEMPT & ACTION \\
\hline
RESULT OF 2nd ATTEMPT \\
\hline
\end{tabular}

Documented attempts to contact student/agency for an IEP Team meeting including transition services.

\begin{tabular}{|c|c|}
\hline
Student was notified on & Agency was notified on \\
\hline
\end{tabular}

ALDIA Approved Feb. 2013
### NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

**STUDENT NAME:** Student Name  
**DATE:** 05/23/14  
**TIME:** 3:00 PM  
**LOCATION:** Classroom 210 at Elementary School

The following people will be invited to meet with us:
- Local Education Agency (LEA) Representative
- Student
- Parent
- Other Agency Representative (W.I.A. For Transition)**

**Signature of Education Agency Official**

<table>
<thead>
<tr>
<th>Signature of Education Agency Official</th>
<th>Phone Call to Parent - Second Notice Sent</th>
</tr>
</thead>
<tbody>
<tr>
<td>123-456-7890</td>
<td></td>
</tr>
</tbody>
</table>

**FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19) for the IEP Team meeting.**

**Date Notice Sent** 05/09/2014  
**Results of 1st Attempt** Parent unable to attend - need to reschedule  
**2nd Attempt Date** 05/13/2014  
**Action** Phone call to parent - second notice sent  
**Results of 2nd Attempt** Parent attended – meeting held  

Documented attempts to contact student/agency for an IEP Team meeting including transition services.  
Student was notified on via  
Agency was notified on via  
Student was notified on via  
Agency was notified on via

**Signature of Case Manager**

---

*Exclusions: Special Education Rights*

Because your input is important to us, we encourage you to make every effort to attend this meeting. If you would like to participate by phone, please call the person below to make arrangements. You may bring other people whom you feel will be helpful to you in this process. If your child is transitioning from Early Intervention, you may request that an invitation be sent to the Early Intervention Program for the initial IEP Team meeting. Please contact the individual below if you would like to involve a member from the Early Intervention Program.

My signature below certifies that if you require notice and an explanation of your rights in your native language, the LEA agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the Special Education Rights document. If you want another copy of your rights, have any questions, or wish to arrange a conference, please contact...

### Signature of Education Agency Official

<table>
<thead>
<tr>
<th>Full Name of Case Manager</th>
<th>05/16/14</th>
</tr>
</thead>
</table>

---

**Class (if applicable)**

---

**Full Name**
## NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

**STUDENT'S NAME:** Student Name  
**DATE:** 05/23/14  
**TIME:** 3:00 PM  
**LOCATION:** Classroom 210 at Elementary School

The purpose of this meeting is to:

- [ ] Describe IEP/Behavioral Needs Evaluation
- [ ] Discuss Need For Additional Data Collection
- [ ] Discuss Initial or Continued Eligibility
- [ ] Develop IEP or Re-evaluation Report
- [ ] Conduct Manifestation Determination
- [ ] Develop Initial Behavioral Intervention Plan
- [ ] Dismiss Transition/Postsecondary Services
- [ ] Conduct a Resolution Session

The following people will be invited to meet with us:

- [ ] Local Education Agency (LEA) Representative
- [ ] Individuals Who Can Implement the Individualized Education Program
- [ ] Other Agency (s) / Individuals With Relations to Transition

**Signature**  
Signature of Education Agency Official

**FIRST NAME – LAST NAME**  
Signature of Education Agency Official

**Calls**  
(Phone)

**FULL NAME OF CASE MANAGER**  
Full Name of Case Manager

**05/16/14**

Because your input is important to us, we encourage you to make every effort to attend this meeting. If you would like to participate by phone, please call the phone number below to make arrangements. You may bring other people whom you feel will be helpful to you in this process. If your child is transitioning from early intervention, you may request that all parties be sent to the Early Intervention Program for the initial IEP Team meeting. Please contact the individual below if you would like to receive information regarding the Early Intervention Program.

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the Special Education Rights document. If you want another copy of your rights, have any questions, or wish to arrange a confirmation, please contact:

**Full Name – Last Name**  
Signature of Education Agency Official

**FIRST NAME – LAST NAME**  
Signature of Education Agency Official

**05/13/2014**

Parent attended – meeting held

---

Children unable to attend need to reschedule Phone call to parent second notice sent

---

Parent unable to attend – second notice was sent

---

Parent attended – meeting held

---

ALGSA Approved: 2nd 2013
The purpose of this meeting is to:

- Determine If Referral Requires Evaluation*
- Discuss The Need For Additional Data Collection
- Determine Initial Or Continued Eligibility
- Develop Initial IEP Or Review/Revise IEP
- Conduct Manifestation Determination
- Develop Functional Behavioral Assessment Plan
- Develop/Revise Behavioral Intervention Plan
- Discuss Transition/Postsecondary Services
- Conduct a Resolution Session

*Enclosure: Special Education Rights

The following people will be invited to meet with us:

- Local Education Agency (LEA) Representative
- Someone Who Can Interpret The Instructional Implications Of The Evaluation Results
- General Education Teacher
- Special Education Teacher
- Parent
- Student
- Career/Technical Representative
- Other Agency Representative(s) For Transition**

Agency Name

---

[ ] GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.

EXCLUDING the following agencies:

[ ] DO NOT GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.

Signature of Parent or Student (Age 19)

Date

FOR SCHOOL PERSONEL - Documented attempts to contact parent/student (age 19) for the IEP Team meeting:

Date Notice Sent

Results of 1st Attempt

2nd Attempt Date

Results of 2nd Attempt

Documented attempts to contact student/agency for an IEP Team meeting including transition services.

Student was notified on

Agency was notified on

ALDEA Approved Feb 2013
NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

STUDENT'S NAME: [Student Name]  Date: 05/26/14  Time: 10:00 AM  Location: Classroom 110 at High School

The purpose of this meeting is to:
[ ] Discuss Initial or Continued Eligibility
[ ] Develop Initial IEP or Review/Revise IEP
[ ] Conduct Manifestation Determination
[ ] Develop Functional Behavioral Assessment Plan
[ ] Develop Service Delivery Plan/Transition Plan
[ ] Support Transition/Postsecondary Services
[ ] Conduct a Resolution Session

The following people will be invited to meet with us:
[ ] Local Education Agency (LEA) Representative
[ ] Student
[ ] Parent
[ ] Agency Name: [Agency Name]

*Enclosure: Special Education Rights

Because your input is important to us, we encourage you to make every effort to attend this meeting. If you would like to participate by phone, please call the phone below to make arrangements. You may bring other people whom you feel will be helpful to you in this process. If your child is transitioning from Early Intervention, you may request that an invitation be sent to the Early Intervention Program for the initial IEP Team meeting. Please contact the individual below if you would like to receive a transcript from the Early Intervention Program.

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the Parent's Rights Handbook.

PARENT – STUDENT (Age 19 or older)

Please check one of the following boxes, sign, date, and return this form to

Full Name of Case Manager  05/16/14

[ ] I WILL BE ABLE TO MEET WITH YOU.
[ ] I CANNOT meet at the date and time indicated. Please contact me to arrange another time.
[ ] I WILL NOT BE ABLE TO MEET WITH YOU. I will contact you if I want more information.

(Enclosure for the following agencies)

[ ] DO NOT GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.

Signature of Parent of Student (Age 19)  Date

FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19) for the IEP Team meeting

Date Notice Sent  2014

Results of 1st Attempt  2014

Action  2014

Results of 2nd Attempt

Documented attempts to contact student/agency for an IEP Team meeting including transition services.

Student was notified  2014  Agency was notified  2014

ALADS Approved 3rd 2013
NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

Student Name: ___________________________ Date: 05/26/14

Time: 10:00 AM Location: Classroom 110 at High School

The purpose of this meeting is to:

- Determine IF/Eligibility
- Develop Initial or Revised IEP
- Conduct Manifestation Determination
- Develop Functional Behavioral Assessment Plan
- Develop Service Intervention Plan
- Secure Transition/Postsecondary Services
- Conduct a Resolution Session

The following people will be invited to meet with us:

- Local Education Agency (LEA) Representative
- Parent of the Student
- Special Education Teacher
- Agency Name: ___________________________

*Enclosure: Special Education Rights

Because your input is important to us, we encourage you to make every effort to attend this meeting. If you would like to participate by phone, please call the person below to make arrangements. You may bring other people whom you feel will be helpful to you in this process. Your child is transitioning from Early Intervention, you may request that an invitation be sent to the Early Intervention Program for the initial IEP Team meeting. Please contact the individual below if you would like to receive information from the Early Intervention Program.

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the Special Education Rights document. If you want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

First Name – Last Name ___________________________ 123-456-7890

Please check one of the following boxes if agencies** are indicated above:

[ ] I GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.

(EXCLUDING the following agencies: __________________________ )

[ ] I DO NOT GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.

Signature of Parent of Student (Age 19)

FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19) for the IEP Team meeting

Date Notice Sent

Results of 1st Attempt

2nd Attempt Date

Results of 2nd Attempt

Documented attempts to contact student/agency for an IEP Team meeting including transition services.

Student was notified via __________________________

Agency was notified via __________________________

ALSDA Approved Feb. 2013
NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

STUDENT'S NAME: [Student Name]
DATE: 05/26/14  TIME: 10:00 AM
LOCATION: Classroom 110 at High School

The purpose of this meeting is:
- Discuss, if needed, for additional data collection
- Develop Initial OR Revised Service IEP
- Conduct Manifestation Determination
- Develop Functional Behavioral Assessment Plan
- Develop Service Delivery Plan
- Review Transition/Postsecondary Services
- Conduct a Resolution Session

The following people will be invited to meet with us:
- Local Education Agency (LEA) Representative
- Student or Parent
- Special Education Teacher
- Agency Name
- Agency Name

Because your input is important to us, we encourage you to make every effort to attend this meeting. If you are interested in participating by phone, please call the person below to make arrangements. You may bring other people whom you feel will be helpful to you in this process. If your child is transitioning from Early Intervention, you may request that an invitation be sent to the Early Intervention Program for the initial IEP Team meeting. Please contact the individual below if you would like to receive an invitation from the Early Intervention Program.

My signature below certifies that as of the date on your notice, I have been provided an explanation of your rights in your native language, and the LEA agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the Special Education Rights document. If you want another copy of your rights, have any questions, or wish to arrange a conference, please contact

[Signature of Education Agency Official]
(Telephone) 123-456-7890

FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19 or older) for the IEP Team meeting.

Date Notice Sent 05/09/2014
Results of 1st Attempt Parent attended – meeting held
2nd Attempt Date Action
Results of 2nd Attempt
Documented attempts to contact student/agency for an IEP Team meeting including transition services.
Student was notified on 05/09/2014 via Personal invitation
Agency was notified on 05/09/2014 via Mail invitation

ALIDEA Approved 3rd 2013
NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

STUDENT’S NAME: Student Name
DATE: 05/26/14  TIME: 10:00 AM

CLASSROOM 110 AT HIGH SCHOOL

This purpose of this meeting is to:
1. Discuss Initial or Continued Eligibility
2. Develop Initial IEP or Re-Review IEP
3. Conduct Manifestation Determination
4. Develop Functional Behavioral Assessment Plan
5. Develop Service Behavior Intervention Plan
6. Review Transition/Postsecondary Services
7. Conduct a Resolution Session

The following people will be invited to meet with us:
Local Education Agency (LEA) Representative

SEARS, John
311 Main St, Anytown, USA 12345

Consent/Technical Representative
Other Agency Representative(s) For Transition**
Agency Name: Agency Name

5/26/14

This Notice is being sent to me in the hope that I will attend the IEP Team meeting.

First Name – Last Name
Signature of Education Agency Official

[ ] I WILL BE ABLE TO MEET WITH YOU.
[ ] I CANNOT meet at the date and time indicated. Please contact me to arrange another time.
[ ] I WILL NOT BE ABLE TO MEET WITH YOU. I will contact you if I need more information.

Please check one of the following boxes if agency** are indicated above:
[ ] DO NOT GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.

EXCLUDING the following agencies:

Parent Signature
Signature of Parent or Student (Age 19 or older)

FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19) for the IEP Team meeting

Date Notice Sent
5/26/14

Factual Information

RESULTS OF OBSERVATION
2nd Attempt Date
5/09/2014

RESULTS OF 2nd ATTEMPT
Documented attempts to contact student/agency for an IEP Team meeting including transition services

Student was notified of the meeting via
Agency was notified of the meeting via

Full Name of Case Manager
05/16/14

ALGOS Approved 06/2011

05/26/14

APPLICATION OF SPECIAL EDUCATION RIGHTS

Because your input is important to us, we encourage you to make every effort to attend this meeting. If you would like to participate by phone, please call the phone number below to make arrangements. You may bring other people whom you feel will be helpful to you in this process. If your child is transitioning from Early Intervention, you may request that an invitation be sent to the Early Intervention Program for the initial IEP Team meeting. Please contact the individual below if you would like to receive information from the Early Intervention Program.

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the Special Education Rights document. If you want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

Full Name of Case Manager
05/16/14

05/16/14

05/09/2014

Mail Invitation

05/09/2014

Personal Invitation

05/09/2014

05/09/2014

Mail Invitation
The purpose of this meeting is to:

[ ] Determine If Referral Requires Evaluation*
[ ] Discuss The Need For Additional Data Collection
[ ] Determine Initial Or Continued Eligibility
[ ] Develop Initial IEP Or Review/Revise IEP
[ ] Conduct Manifestation Determination
[ ] Develop Functional Behavioral Assessment Plan
[ ] Develop/Revise Behavioral Intervention Plan
[ ] Discuss Transition/Postsecondary Services
[ ] Conduct a Resolution Session

*Enclosure: Special Education Rights

The following people will be invited to meet with us:

[ ] Local Education Agency (LEA) Representative
[ ] Someone Who Can Interpret The Instructional Implications
[ ] Of The Evaluation Results
[ ] General Education Teacher
[ ] Special Education Teacher
[ ] Parent
[ ] Student
[ ] Career/Techinical Representative
[ ] Other Agency Representative(s) For Transition**

Agency Name

Please contact me to arrange a time and date that works for YOU. I will contact you if I need more information.

[ ] GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.

(Excluding the following agencies:

[ ] DO NOT GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.

Signature of Parent or Student (Age 19) ____________________________ Date ____________

FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19) for the IEP Team meeting:

Date Notice Sent ____________________________

Results of 1st Attempt: ____________________________ Action ____________________________

2nd Attempt Date ____________________________

Results of 2nd Attempt: ____________________________ Action ____________________________

Documented attempts to contact student/agency for an IEP Team meeting including transition services:

Student was notified on ____________________________ via ____________________________

Agency was notified on ____________________________ via ____________________________
# NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

<table>
<thead>
<tr>
<th>STUDENT’S NAME</th>
<th>Student Name</th>
<th>DATE</th>
<th>05/26/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIME</td>
<td>10:00 AM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOCATION</td>
<td>Classroom 110 at High School</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The purpose of this meeting is to:

- [ ] Discuss NFA/IEP/Referral Evaluation
- [ ] Discuss The Need For Additional Data Collection
- [ ] Develop Initial Or Contingent Eligibility
- [ ] Develop Initial IEP Or Review Service IEP
- [ ] Conduct Manifestation Determination
- [ ] Develop Functional Behavioral Assessment Plan
- [ ] Develop Service Behavioral Intervention Plan
- [ ] Dismiss Transition/Preparatory Services
- [ ] Conduct a Resolution Session

The following people will be invited to meet with us:

- Local Education Agency (LEA) Representative
- Student
- Parent
- Agency Name

Agency Name

05/16/14

Full Name of Case Manager

05/16/14

**Exclusion: Special Education Rights**

Because your input is important to us, we encourage you to make every effort to attend this meeting. If you would like to participate by phone, please call the phone below to make arrangements. You may bring other persons whom you feel will be helpful to you. If your child is transitioning from Early Intervention, you may request that an invitation be sent to the Early Intervention Program for the initial IEP Team meeting. Please contact the individual below if you would like to receive information from the Early Intervention Program.

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the

---

# PARENT – STUDENT (Age 19 or older)

Please check one of the following boxes, sign, date, and return this form to Full Name of Case Manager before 05/16/14

[ ] I WILL BE ABLE TO MEET WITH YOU.

[ ] I CANNOT meet at the date and time indicated. Please contact me to arrange another time.

[ ] I WILL NOT BE ABLE TO MEET WITH YOU. I will contact you if I want more information.

(Excluding the following agencies)

[ ] DO NOT GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.

Signature of Parent or Student (Age 19) Date

FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19) for the IEP Team meeting

Date Notice Sent

Results of 1st Attempt

2nd Attempt Date

Results of 2nd Attempt

Documented attempts to contact student/agency for an IEP Team meeting including transition services

Student was notified on

Agency was notified on

ALIDE Approved Feb 2013
NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

STUDENT'S NAME: __________________________

DATE: 05/26/14 TIME: 10:00 AM LOCATION: Classroom 110 at High School

The purpose of this meeting is to:

[ ] Discuss the Use of Additional Data Collection
[ ] Determine Initial or Continued Eligibility
[ ] Develop Initial IEP or Review Existing IEP
[ ] Conduct Manifestation Determination
[ ] Develop Functional Behavioral Assessment Plan
[ ] Develop Service Intervention Plan
[ ] Dismiss Transition/Postsecondary Services
[ ] Conduct a Resolution Session

The following people will be invited to meet with us:

Local Education Agency (LEA) Representative:
Special Education Teacher:
Parent:
Student:
Agency Representative:

Full Name of Case Manager: __________________________

Agency Name: __________________________

05/16/14

Signature of Education Agency Official:

First Name: __________________________ Last Name: __________________________

Signature (Type): __________________________

123-456-7890 (Telephone)

Please check one of the following boxes if agencies** are indicated above:

[ ] I GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.

(EXCLUDING the following agencies: __________________________)

[ ] I DO NOT GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.

Additional Notes:

Results of 1st Attempt:

2nd Attempt Date: __________________________

Action:

Results of 2nd Attempt:

Documented attempts to contact student/agency for an IEP Team meeting including transition services:

Student was notified: __________________________

Agency was notified: __________________________

AIDS Approved: Feb. 2013
NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

STUDENT'S NAME: [Student Name]
DATE: 05/26/14  TIME: 10:00 AM
LOCATION: Classroom 110 at High School

The purpose of this meeting is:

☐ Discuss IEP Evaluation
☐ Discuss Local Education Agency (LEA) Representative
☐ Discuss Student Technology
☐ Discuss Transition
☐ Conduct a Resolution Session
☐ Conduct a Review of the IEP
☐ Conduct a Review of Exhibits from the IEP
☐ Conduct a Review of the Case

The following people will be invited to meet with us:

☐ [Name]
☐ [Name]
☐ [Name]
☐ [Name]
☐ [Name]
☐ [Name]

The above persons will be asked to provide written consent for the following actions:

☐ Provide Service Details
☐ Discuss the Student
☐ Discuss the IEP
☐ Discuss the Transition Plan
☐ Discuss the Evaluation
☐ Discuss the Parent

If you have any questions or concerns, please contact the agency at [Agency Name] at [Agency Phone Number].

First Name: [First Name]
Last Name: [Last Name]
Signature: [Signature]
Date: 05/26/14

If you have any questions or concerns, please contact the agency at [Agency Name] at [Agency Phone Number].

FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19) for the IEP Team meeting.

Date Notice Sent: 05/09/2014
Results of 1st Attempt: Parent waived right to attend – meeting held as scheduled
2nd Attempt Date: 05/16/2014
Results of 2nd Attempt: Documented attempts to contact student/agency for an IEP Team meeting including transition services.
Student was notified on: 05/09/2014 via Personal invitation
Agency was notified on: 05/16/2014 via

ALDIS Approved Feb 2013
# NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

**Student Name:** [Student Name]

**Date:** 05/26/14  **Time:** 10:00 AM  **Location:** Classroom 110 at High School

The purpose of this meeting is to:
- Determine IFSP/IEP For Additional Data Collection
- Develop Initial & Ongoing Eligibility
- Develop Initial IEP Or Review Existing IEP
- Conduct Special Education Evaluation
- Develop Functional Behavioral Assessment Plan
- Develop Service/Behavioral Intervention Plan
- Review Transition/Postsecondary Services
- Conduct a Resolution Session

The following people will be invited to meet with us:
- [Local Education Agency (LEA) Representative](#)
- [Student](#)
- [Parent](#)
- [Case/Technical Representative](#)
- [Other Agency Representative(s)](#)

**Agency Name** [Agency Name]

**Signature of Education Agency Official** [Signature]

**Full Name of Case Manager** [Name]

**Parent – Student (Age 19 or older)**

Please check one of the following boxes, sign, date, and return this form to [Full Name of Case Manager] at [Agency Name] by [Date].

- [ ] I WILL BE ABLE TO MEET WITH YOU.
- [ ] I CANNOT meet at the date and time indicated. Please contact me to arrange another time.

---

**FOR SCHOOL PERSONNEL** - Documented attempts to contact parent/student (age 19) for the IEP Team meeting.

**Date Notice Sent** 05/09/2014

**Results of 1st Attempt** Parent waived right to attend – meeting held as scheduled

**2nd Attempt Date** Action

**Results of 2nd Attempt**

Documented attempts to contact student/agency for an IEP Team meeting including transition services.

**Student was notified on** 05/09/2014 **via** Personal invitation

**Agency was notified on** 05/09/2014 **via**
NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

STUDENT’S NAME: [Student Name]
DATE: 05/26/14 TIME: 10:00 A.M.
LOCATION: Classroom 110 at High School

This purpose of this meeting is to:

[ ] Describe Federal Requirements Evaluation
[ ] Discuss the Need for Additional Data Collection
[ ] Determine Initial or Continued Eligibility
[ ] Develop Initial IEP or Reiterate Service IEP
[ ] Conduct Manifestation Determination
[ ] Develop Functional Behavioral Assessment Plan
[ ] Develop Service Delivery Intervention Plan
[ ] accruate Special Education Services

The following people will be invited to meet with us:

Local Education Agency (LEA) Representative
[ ] Special Education Teacher
[ ] Parent
[ ] Case/Treatment Representative
[ ] Agency Representative

First Name – Last Name
Signature of Education Agency Official
Full Name of Case Manager

PARENT – STUDENT (Age 19 or older)

Please check one of the following boxes, sign, date, and return this form to
before

[ ] WILL BE ABLE TO MEET WITH YOU.
[ ] WILL NOT BE ABLE TO MEET WITH YOU. I will contact you if I need more information.

Please check one of the following boxes if agency** are indicated above:

[ ] GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.
[ ] DO NOT GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.

Parent Signature

Signature of Parent or Student (Age 19)

FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19) for the IEP Team meeting

Date Notice Sent: 05/09/2014
Results of 1st Attempt: VIA
2nd Attempt Date: 05/16/2014
Results of 2nd Attempt: VIA
Documented attempts to contact student or parent for an IEP Team meeting including transition services.

Student was notified via
Agency was notified via

ALSDA Approved 9th 2013
Notice of Proposed Meeting Consent for Agency Participation is used to document that all required persons were invited to the meeting.

Notice of Proposed Meeting Consent for Agency Participation is used to inform parents of the purpose of the meeting.

Parents do not have to receive prior written notice.

Notice of Proposed Meeting Consent for Agency Participation form is used to give parents prior written notice of a meeting.
Students who will be age 16 do not have to be invited to the IEP meeting.

Notice of Proposed Meeting Consent for Agency Participation form is used to document attempts to contact the parent or student (age 19 or older).

Consent must be obtained from the parent or student (age 19 or older) for other agency representatives who may be providing or paying for transition services to attend the meeting.
Process Chart 4

ANNUAL IEP TEAM MEETING TO DEVELOP THE IEP

1. Convene the IEP Team to develop the IEP.

2. Complete the form for those responsible for IEP Implementation to document that person(s) responsible for implementing the IEP have been informed of their specific responsibilities and have access to the IEP.

3. Implement IEP.


Consent is not required for the evaluations listed on the IEP that will measure the progress in attaining the goals and/or benchmarks. Assessments used to document progress toward annual goals should be included in the Type(s) of Evaluation for Annual Goal on the Annual Goal Page of the IEP.
<table>
<thead>
<tr>
<th><strong>STUDENT’S NAME:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DOB</strong></td>
<td></td>
</tr>
<tr>
<td><strong>SCHOOL YEAR</strong></td>
<td>-</td>
</tr>
<tr>
<td><strong>GRADE</strong></td>
<td>-</td>
</tr>
<tr>
<td><strong>IEP INITIATION/DURATION DATES</strong></td>
<td>FROM: _______________ TO: _______________</td>
</tr>
</tbody>
</table>

**Parental concerns for enhancing the education:**

**Student Preferences and/or Interests:**

**Results of the most recent evaluations:**

**The academic, developmental, and functional needs of the student:**

**Other:**

**For the child transitioning from EI to Preschool, justify if IEP will not be implemented on the child's 3rd birthday:**
Include all information regarding the students strengths academically and functionally.

<table>
<thead>
<tr>
<th>Strengths of the student:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student is a very cute and friendly young man. He will occasionally get upset.</td>
</tr>
<tr>
<td>Strengths of the student:</td>
</tr>
<tr>
<td>---------------------------</td>
</tr>
<tr>
<td>Student has good social etiquette as evidenced from recent teacher observations where he greeted both adults and peers with appropriate greetings and offered to shake hands. He has excellent memory skills as evidenced by his knowledge of everyone’s name and their birthday as he greeted them. He can be generous and will offer to help his classmates and share with them, as often observed by his bringing candy to school to share. He is very friendly and wants to please both adults and peers, however, his mood can change quickly, without warning. He is compliant with most requests, especially if it is presented to be a positive thing or in written format. He is agreeable to most schedule changes but will respond more positively if the change is presented prior to occurrence. His academic strengths are in the areas of reading text and math computation.</td>
</tr>
</tbody>
</table>
Include all information regarding the parental concerns for enhancing the education of their child.

<table>
<thead>
<tr>
<th>Parental concerns for enhancing the education:</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
</tr>
</tbody>
</table>

His parents have expressed their concerns for student to develop functional math skills, especially in the area of money management. They have noticed improvement in the area of his social skills and would like for him to continue working on this area, especially waiting his turn in a conversation and not interrupting others. They also want him to practice safety skills while out in the community as he does not seem to notice the dangers that surround him.
Student enjoys physical activities, especially running. When provided options for a reward he will select running on the track or jumping on the mini trampoline in the classroom. He also enjoys looking at books and art activities such as drawing on paper. While using the student computer in the classroom he enjoys using google earth or researching a particular subject on which he is fixated. He likes to have a daily schedule provided for him and if there are to be changes be notified of those in advance. A transition planning assessment for senior high school was completed with input from student, his teacher, and his mom. Based upon the results he needs to continue working toward financial and personal management.
Include all information concerning evaluation results. This information should be written in meaningful terms so that parent and service providers have a clear understanding of the evaluation results.

<table>
<thead>
<tr>
<th>Results of the most recent evaluations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent achievement testing results show that student scored 70 for reading comprehension; 68 for listening comprehension; 72 for math computation; and overall achievement 70.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Results of the most recent evaluations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based upon recent evaluations student is reading on a level that is consistent with a student in the 10th grade, however, his comprehension scores are consistent with a student in the 4th grade. These scores are consistent with his performance on classroom assessments for reading. His math scores are consistent with a student in the 7th grade, as evidenced by his benchmark scores in math program. Based upon teacher observation during community based instruction student is able to identify cost of items and determine if he has enough to make a purchase. However, his purchases are based more on what he wants versus what he needs nor does he consider the addition of tax or tip.</td>
</tr>
</tbody>
</table>
Include all information concerning how the student’s disability affects his/her involvement and progress in the general education curriculum and for preschool children in age-appropriate activities.

<table>
<thead>
<tr>
<th>The academic, developmental, and functional needs of the student:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student needs to work on his reading skills to develop his comprehension. He also needs to continue working on his social skills.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The academic, developmental, and functional needs of the student:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student needs to increase his level of comprehension to close the gap toward the text complexity he is able to read. He needs to increase his understanding of making purchases based upon needs versus wants and determining totals, including tax and tip, by creating a budget using his current income. He needs to develop communication skills to clearly and accurately understand someone’s gestures and express his own thoughts and feelings and distinguish between appropriate and inappropriate behavior to manage his response. He needs to further develop his listening skills and ability to converse with age appropriate peers.</td>
</tr>
</tbody>
</table>
Include any information pertinent to the development of the IEP that was not included anywhere else on the Student Profile page.

**Other:**

**Student has been sick with health issues.**

**Other:**

**Student experienced medical issues the previous year that seemed to have interfered with his stamina. Following surgery the issue has been resolved and he is beginning to become more alert at school and ready to work. There is a medical plan in place to ensure his success at school.**
This should only be completed if the child is not being served under IDEA on the child’s third birthday.

<table>
<thead>
<tr>
<th>For the child transitioning from EI to Preschool, justify if IEP will not be implemented on the child’s 3rd birthday:</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Because JR’s third birthday is July 4 and school is not in session, his IEP will be implemented on August 25, the first week school is in session. * Sally’s IEP will be implemented on Monday, March 31, 2014, because her third birthday is on Sunday March 30. * Robbie is turning three during the Christmas holidays. His IEP will be implemented on January 2.</td>
</tr>
</tbody>
</table>
INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: 

DOB: 

SCHOOL YEAR: 

GRADE: 

IEP INITIATION/DURATION DATES FROM 

This IEP will be implemented during the regular school term unless noted in extended school year services. 

STUDENT PROFILE - WILL INCLUDE GENERAL STATEMENTS REGARDING: 

Strengths of the student: 

Student has good social etiquette as evidenced from a recent teacher observations where he greeted both adults and peers with appropriate greetings and offered to shake hands. He has excellent memory skills as evidenced by his knowledge of everyone’s name and their birthday as he greeted them. He can be generous and will offer to help his classmates and share with them, as often observed by his bringing candy to school to share. He is very friendly and wants to please both adults and peers, however, his mood can change quickly, without warning. He is compliant with most requests, especially if it is presented to be a positive thing or in written format. He is agreeable to most schedule changes but will respond more positively if the change is presented prior to occurrence. His academic strengths are in the areas of reading text and math computation. 

Parental concerns for enhancing the education: 

n/a 

Student Preferences and/or Interests: 

Student likes to play games with his friends especially in P.E. because he is able to see his friends. He wants to go to college. 

Results of the most recent evaluations: 

Recent achievement testing results show that student scored 68 for comprehension; 68 for listening comprehension; 72 for math achievement 70. 

The academic, developmental, and functional needs of the student: 

Student needs to work on his reading skills to develop his comprehension and also needs to continue working on his social skills. 

Other: 

Student is following the general education course of study. 

For the child transitioning from E1 to Preschool, justify if IEP will not be 

Student Preferences and/or Interests: 

Student enjoys physical activities, especially running. When provided options for a reward he will select running on the track or jumping on the mini trampoline in the classroom. He also enjoys looking at books and art activities such as drawing on paper. While using the student computer in the classroom he enjoys using google earth or researching a particular subject on which he is fixated. He likes to have a daily schedule provided for him and if there are to be changes be notified of those in advance. A transition planning assessment for senior high school was completed with input from student, his teacher, and his mom. Based upon the results he needs to continue working toward financial and personal management. 

F will not be implemented on the child’s 3rd birthday: 

A year that seemed to have interfered with him resolved and he is beginning to become 

A medical plan in place to ensure his 

Based upon teacher observation 

To identify cost of items and determine if 

does not consider the addition of tax or
INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: ________________________________

SPECIAL INSTRUCTIONAL FACTORS

Items checked “YES” will be addressed in this IEP:

- Does the student have behavior which impedes his/her learning or the learning of others? [ ] YES [ ] NO
- Does the student have a Behavioral Intervention Plan? [ ] YES [ ] NO
- Does the student have limited English proficiency? [ ] YES [ ] NO
- Does the student need instruction in Braille and the use of Braille? [ ] YES [ ] NO
- Does the student have communication needs? [ ] YES [ ] NO
- Does the student need assistive technology devices and/or services? [ ] YES [ ] NO
- Does the student require specially designed P.E.? [ ] YES [ ] NO
- Is the student working toward alternate achievement standards and participating in the Alabama Alternate Assessment? [ ] YES [ ] NO
- Are transition services addressed in this IEP with an annual goal(s)? [ ] YES [ ] NO

[ ] Other. Specify:

NONACADEMIC and EXTRACURRICULAR ACTIVITIES

Will the student have the opportunity to participate in nonacademic/extracurricular activities with his/her nondisabled peers? [ ] YES [ ] NO

[ ] YES, with supports. Describe:

[ ] NO. Explanation must be provided.

METHOD/FREQUENCY FOR REPORTING PROGRESS OF ACHIEVING GOALS TO PARENTS

Annual Goal Progress reports will be sent to parents each time report cards are issued (every ________ weeks).

Page ______ of ________
INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: ________________________________

SPECIAL INSTRUCTIONAL FACTORS

Items checked “YES” will be addressed in this IEP:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Does the student have behavior which impedes his/her learning or the learning of others?</td>
<td>[ ]</td>
</tr>
<tr>
<td>[ ] Does the student have a Behavioral Intervention Plan?</td>
<td>[ ]</td>
</tr>
<tr>
<td>[ ] Does the student have limited English proficiency?</td>
<td>[ ]</td>
</tr>
<tr>
<td>[ ] Does the student need instruction in Braille and the use of Braille?</td>
<td>[ ]</td>
</tr>
<tr>
<td>[ ] Does the student have communication needs?</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

TRANSPORTATION

Student's mode of transportation:

[ ] Regular bus    [ ] Bus for special needs    [ ] Parent contract    [ ] Other: ________________

Does the student require transportation as a related service?  [ ] YES  [ ] NO

If yes, check any transportation needs:

[ ] Bus assistance:  [ ] Adult support  [ ] Medical support
[ ] Preferential seating
[ ] Behavioral Intervention Plan
[ ] Wheelchair lift and security system
[ ] Restraint system

Specify type:

[ ] Other. Specify:

[ ] Bus driver and support personnel are aware of the student's behavioral and/or medical concerns.

METHOD/FREQUENCY FOR REPORTING PROGRESS OF ATTAINING GOALS TO PARENTS

Annual Goal Progress reports will be sent to parents each time report cards are issued (every ________ weeks).
INDIVIDUALIZED EDUCATION PROGRAM

STUDENT’S NAME: ____________________________

SPECIAL INSTRUCTIONAL FACTORS

Items checked “YES” will be addressed in this IEP: YES NO

- Does the student have behavior which impedes his/her learning or the learning of others? [ ] [ ]
- Does the student have a Behavioral Intervention Plan? [ ] [ ]
- Does the student have limited English proficiency? [ ] [ ]
- Does the student need instruction in Braille and/or the use of Braille? [ ] [ ]
- Does the student have communication needs? [ ] [ ]
- Does the student need assistive technology devices and/or services? [ ] [ ]
- Does the student require specially designed P.E.? [ ] [ ]
- Is the student working toward alternate achievement standards and participating in the Alabama Alternate Assessment? [ ] [ ]
- Are transition services addressed in this IEP with an annual goal(s)? [ ] [ ]

TRANSPORTATION

NONACADEMIC and EXTRACURRICULAR ACTIVITIES

Will the student have the opportunity to participate in nonacademic/extracurricular activities with his/her nondisabled peers?

[ ] YES.
[ ] YES, with supports. Describe:

[ ] NO. Explanation must be provided:

METHOD/FREQUENCY FOR REPORTING PROGRESS OF ATTAINING GOALS TO PARENTS

Annual Goal Progress reports will be sent to parents each time report cards are issued (every _______ weeks).
One purpose of the profile page is to document the initiation/duration of the IEP.

Transition information should be documented within the other category on the profile page.

The student profile is the result of the IEP Team’s review of assessment data and other information to develop a descriptive summary of the student’s performance, strengths, and needs.
Any Special Instructional Factor checked YES, MUST be addressed in the IEP.

Student’s mode of transportation does not have to be addressed in every IEP.

Nonacademic and Extracurricular Activities must have at least one item checked.
# ALABAMA HIGH SCHOOL DIPLOMA

## SUBSTITUTE COURSES FOR STUDENTS WITH DISABILITIES

<table>
<thead>
<tr>
<th>AREAS OF STUDY</th>
<th>REQUIREMENTS</th>
<th>CREDITS</th>
</tr>
</thead>
</table>
| **English Language Arts**      | English 9, 10, 11, and 12 or any AP/IB/postsecondary equivalent courses.  
|                               | or *English Essentials 9, 10, 11, and 12.  
|                               | or **AAS English 9, 10, 11, and 12.  
|                               | **Mathematics**  
|                               | Algebra I, Geometry, and Algebra II with Trig or Algebra II or CTE/IB/postsecondary equivalent courses.  
|                               | Additional course(s) to complete the four credits in mathematics must be chosen from the Alabama Course of Study Mathematics or CTE/AP/IB/postsecondary equivalent courses.  
|                               | or *Algebraic Essentials A & B and Geometry Essentials A & B (students taking Algebraic Concepts in Grade 9 are not required to take Geometry B).  
|                               | or **AAS Mathematics 9, 10, 11, and 12.  
|                               | **Science**  
|                               | Biology and a physical science.  
|                               | The third and fourth science credits may be used to meet both the science and CTE requirement and must be chosen from the Alabama Course of Study: Science or CTE/AP/IB/postsecondary equivalent courses.  
|                               | or *Life Skills Science I, III, III, and IV.  
|                               | or **AAS Science 9, 10, 11, and 12.  
|                               | **Social Studies**  
|                               | World History, U.S. History x 2, and Government/Economics or AP/IB/postsecondary equivalent courses.  
|                               | or **AAS Social Studies 9, 10, 11, and 12.  
|                               | **Physical Education**  
|                               | LIFE (Personal Fitness)  
|                               | One JROTC credit may be used to meet this requirement.  
|                               | or Adapted Physical Education.  
|                               | **Health Education**  
|                               | Alabama Course of Study: Health Education.  
|                               | or **AAS Pre-Vocational, AAS Vocational, AAS Community Based Instruction, and/or AAS Elective Course.  
|                               |  
|                               | **Career Preparedness**  
|                               | Career Preparedness Course (Career and Academic Planning, Computer Applications, Financial Literacy)  
|                               | or **AAS Life Skills.  
|                               | **CTE and/or Foreign Language and/or Arts Education**  
|                               | Students choosing CTE, Arts Education, and/or Foreign Language are encouraged to complete two courses in sequence.  
|                               | or *two CTE courses and Workforce Essentials (or Transition Services II in school systems that do not offer Workforce Essentials).  
|                               | or **AAS Life Skills.  
|                               | **Electives**  
|                               | *Students earning core credit through the Essentials/Life Skills courses are required to take Cooperative Education Seminar/Work-Based Experience (or LS Occupational Preparation in school systems that do not have a Cooperative Education Program).  
|                               | **AAS Pre-Vocational, AAS Vocational, AAS Community Based Instruction, and/or AAS Elective Course.  
|                               |  
|                               | **Total Credits Required for Graduation**  
|                               | **24**  

* Course sequence for students with disabilities earning core credit through the Essentials/Life Skills courses. Students pursuing an Alabama High School Diploma through this pathway must participate in Community-Based Work Training or have documentation of previous work experience in addition to the course requirements described above.

** Course sequence for students with significant cognitive disabilities earning core credit through Alternate Achievement Standards (AAS) courses.
The New Alabama High School Diploma

Work Component Requirements

To provide students positive learning opportunities in real-work settings, schools should foster an environment that bridges learning and application.

<table>
<thead>
<tr>
<th>Students who take 4 or more core Essential/Life Skills Pathway courses must complete the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community-Based Work Instruction*</td>
</tr>
<tr>
<td>2 Career and Technical Education courses in a sequence</td>
</tr>
<tr>
<td>Workforce Essentials or Transition Services II in the event that the LEA does not have a Cooperative Education Program</td>
</tr>
<tr>
<td>Cooperative Education/Work-Based Experience or Life Skills Occupational Preparation in school systems that do not have a Cooperative Education Program</td>
</tr>
<tr>
<td>Cooperative Education Seminar</td>
</tr>
<tr>
<td>New Course Requirement:</td>
</tr>
<tr>
<td>Career Preparedness Course (Career and Academic Planning, Computer Applications, Financial Literacy)</td>
</tr>
</tbody>
</table>

*Students must participate in Community-Based Work Training or demonstrate appropriate job readiness skills. Students who have demonstrated appropriate job readiness skills through previous work experience, would not be required to participate in Community-Based Work Training.

- The documentation of Community-Based Work Training must include at least two (2) acceptable performance evaluations using The Community-Based Work Training Performance Evaluation completed by employers/supervisors.
- Students following the Essential/Life Skills Pathway must meet the entrance requirements of the Cooperative Education Program.
- Students on this pathway would take 2 Career and Technical Education courses in a sequence. (The CTE courses would fulfill 2 of the 3 course requirements in the CTE and or Arts Education and or Foreign Language area).
- Teachers must keep documentation (Examples: the Community-Based Work Training Performance Evaluation, resume, birth certificate, social security card, letters of recommendations, etc.).
- Students must complete a minimum of 270 hours of documented, successful, independent, and paid employment.
Selecting the Highest, Most Appropriate Pathway Leading to the Alabama High School Diploma

Please check all items are discussed.

___ The IEP Team has considered the Core Academic pathway with access to Advanced Placement (AP)/International Baccalaureate (IB)/Postsecondary equivalent courses leading to the Alabama High School (HIS) Diploma.

___ The IEP Team has considered the Essential Life Skills pathway with access to substitute courses to meet the required courses in English Language Arts, Science, Social Studies and Math; the student must participate in Community Based Work Training or have documentation of previous work experience (prior to Co-op) and complete two Career Technical Education (CTE) courses in the same strand, Workforce Essentials and Cooperative Education leading to the Alabama High School (HIS) Diploma. Students that take four or more Essential Life Skills Core classes must complete all requirements of the pathway including the work component.

___ The IEP Team has considered the Alternate Achievement Standards (AAS) pathway with access to substitute courses to meet the required courses in English Language Arts, Science, Social Studies and Math; the student will have access to: AAS Life Skills, AAS Pre-Vocational, AAS Vocational, AAS Community Based Work Instruction and AAS Elective Course leading to the Alabama High School (HIS) Diploma.

To be completed at the end of the eighth grade school year and reviewed annually with the student’s four year plan and transition plan.

- The pathways leading to the Alabama High School (HIS) Diploma have been explained to me.
- I have read and understand the information above about selecting the highest, most appropriate pathway leading to the Alabama High School (HIS) Diploma.
- The IEP Team has considered all possible pathways and matched the student’s postsecondary goals to the appropriate course of study leading to the Alabama High School (HIS) Diploma.
- I understand that students with disabilities who have participated in graduation activities with their age appropriate peers who are following the Essential Life Skills pathway or the Alternate Achievement Standards pathway and who have not earned the Alabama High School (HIS) Diploma are entitled to FAPE until he/she exits school with a regular diploma or age 21, if it means that services are provided in excess of 12 years.

Parent’s Signature: 

Student’s Signature: 

Date: 

Date: 

Case Manager’s Signature: 

Date: 

Counselor’s Signature: 

Date: 
<table>
<thead>
<tr>
<th>Program Credit to Be Earned (Complete for students in grades 9-12)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>For each course taken, indicate program credit to be earned.</strong></td>
</tr>
<tr>
<td><strong>Course Name</strong></td>
</tr>
<tr>
<td>-----------------------</td>
</tr>
<tr>
<td>Alabama High School Diploma</td>
</tr>
<tr>
<td>Alabama Occupational Diploma</td>
</tr>
<tr>
<td>Graduation Certificate</td>
</tr>
</tbody>
</table>

*Alabama High School Diploma = General Education Pathway*
### Program Credit to Be Earned (Complete for students in grades 9-12)

<table>
<thead>
<tr>
<th>Course Name</th>
<th>English</th>
<th>Math</th>
<th>Science</th>
<th>Social Studies</th>
<th>Course Name</th>
<th>Course Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama High School Diploma</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Alabama Occupational Diploma</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Graduation Certificate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Alabama Occupational Diploma = Essentials/Life Skills Pathway**
### Program Credit to Be Earned

(Complete for students in grades 9-12)

<table>
<thead>
<tr>
<th>For each course taken, indicate program credit to be earned.</th>
<th>ENGLISH</th>
<th>MATH</th>
<th>SCIENCE</th>
<th>SOCIAL STUDIES</th>
<th>Course Name</th>
<th>Course Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama High School Diploma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alabama Occupational Diploma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduation Certificate</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Graduation Certificate = Alternate Achievement Standards Pathway

---

### Transition Services

Based on the student's strengths, preferences, and interests, the following coordinated transition services will reasonably enable the student to meet the postsecondary goals. Consider these service areas: Vocational Evaluations (VE), Community Experiences (CE), Personal Management (PM), Transportation (T), Employment Development (ED), Medical (M), Postsecondary Education (PSE), Living Arrangements (LA), Linkages to Agencies (LTA), Advocacy/Guardianship (AG), Financial Management (FM), and if appropriate Functional Vocational Evaluations (FVE).

**Transition Strands**

| Service(s) | Academic/Post Secondary Education/Training | Employment/Occupations/Careers | Personal/Social | Daily Living |
|------------|-------------------------------------------|--------------------------------|-----------------|-------------|-------------|
|            |                                           |                                |                 |             |             |

Page 1 of 1

ALIDE Approved: Feb. 2012
Transition IEP for Students that will be in grades 6-8.

**INDIVIDUALIZED EDUCATION PROGRAM**

**STUDENT'S NAME:**

- This student is in a middle school course of study that will help prepare him/her for transition.
- This student was invited to the IEP Team meeting.
- After prior consent of the parent or student (Age 19) was obtained, other agency representatives were invited to the IEP Team meeting.

**EXIT OPTIONS (Complete for students in Grades 9-12):**

- [ ] Alabama High School Diploma
- [ ] Anticipated Date of Exit: Month: ___ Year: ___
- [ ] Alabama Occupational Diploma
- [ ] Graduation Certificate

**PROGRAM CREDIT TO BE EARNED (Complete for students in Grades 9-12):**

<table>
<thead>
<tr>
<th>Course Taken</th>
<th>English</th>
<th>Math</th>
<th>Science</th>
<th>Social Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama High School Diploma</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alabama Occupational Diploma</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduation Certificate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TRANSITION:** (Beginning not later than the first IEP to be in effect when the student is 16, or earlier if appropriate, and updated annually thereafter)

**Transition Assessments** (Check the assessment(s) used to determine the student's measurable transition goals):

- [ ] Transition Planning Assessments
- [ ] Interest Inventory
- [ ] Other

**Goals for Postsecondary Transition:**

- Postsecondary Education/Training Goal
  - If Other is selected, specify

- Employment/Occupation/Career Goal
  - If Other is selected, specify

- Community/Independent Living Goal
  - If Other is selected, specify

**Transition Services:** Based on the student's strengths, preferences, and interests, the following coordinated transition services will reasonably enable the student to meet the postsecondary goals. Consider these service areas: Vocational Evaluations (VE), Community Experiences (CE), Personal Management (PM), Transportation (T), Employment Development (ED), Medical (M), Postsecondary Education (PE), Living Arrangements (LA), Linkages to Agencies (LTA), Advocacy/Ownership (AO), Financial Management (FM), and in appropriate Functional Vocational Evaluation (FVE).

**Transition Strands**

<table>
<thead>
<tr>
<th>Service(s)</th>
<th>Academics/Post Secondary Education/Training</th>
<th>Employment/Occupations/Careers</th>
<th>Personal/Social</th>
<th>Daily Living</th>
</tr>
</thead>
</table>

Page 1 of 1
Transition IEP for Students that will be in grades 9-12.
Transition must be addressed for all students entering the 9th grade, regardless of their age.

If a student is 14 years old and in a middle school, you must address transition. It is an IEP Team decision to address transition for a student in middle school, if the student is younger than age 16.

If an outside agency is responsible for providing transition services, consent of the parent or student (age 19 or older) must be obtained prior to inviting the agency representative.
The Alabama Transition Standards are organized into three strands.

The Alabama Transition Standards are organized into FOUR strands.

The new Alabama High School Diploma will apply to all students beginning with the 9th grade class cohort of 2010-2011.
Speaking Whale

http://www.youtube.com/watch?v=cKwtKHoa2o
Adobe Presenter Recordings

**Standards-Based IEPs**

- Recorded Presentation
- Accompanying PowerPoint
- Q&A, Standards-Based IEPs

**Online Trainings**

**Accommodations**

This is an online training module for instructional and assessment accommodations. To access this site you must first set up a login and password. Topics covered include: (1) Thinking About Student Characteristics, (2) Linking Student Needs to Accommodations Decisions, (3) Instructional Accommodations, (4) Assessment Accommodations, and (5) Monitoring and Evaluation.

- Step 1: Login & Password Setup for "First Time User"
- Step 2: Accommodations Online Training
NCLB...

When NCLB was signed into law in 2002, it ushered in some of the most sweeping changes the American educational system has seen in decades. New requirements introduced in NCLB were intended to increase the quality and effectiveness not only of the Title I program, but of the entire elementary and secondary education system — raising the achievement of all students, particularly those with the lowest achievement levels.

IDEA...

In updating IDEA in 2004, Congress found that the education of students with disabilities has been impeded by "low expectations and an insufficient focus on applying replicable research on proven methods of teaching and learning...." Significant changes to IDEA as well as a close alignment to NCLB are designed to provide students with disabilities access to high expectations and to the general education curriculum in the regular classroom, to the maximum extent possible, in order to "meet developmental goals and, to the extent possible, the challenging expectations that have been established for all children...." (NCEO, August 2006)
Welcome to “TNT” – Training in Transition

What will I learn?

Module I: Foundations of Transition | Module II: Assessment for Transition Planning |
Module III: My Plan for Transition Series | Module IV: Alabama Transition Standards and the IEP Series |
Module V: Transition Partners in Alabama Series | About Taking This Online Training |
Continuing Education Units | Computer Compatibility | TNT Flyer & Organizer | TNT Webinar FAQs |
Submit Webinar FAQ | Coming Soon...

The Alabama Department of Education and ATLI initiated development of the series in 2007, and in the first two years presented onsite educator workshops in ten areas of Alabama. In Summer 2009, the first two workshop courses were put online, accessed through the Auburn University ATLI Web site.

Expansion of the series continues each year, with updates and additions reflecting the progression of state and national transition policies and practices.

Click here to take the modules.

auburn.edu/atli
Standards & Curriculum Guides

• Alabama College - & Career – Ready Standards
• Alabama Curriculum Guides
• Alabama Extended Standards
• Alabama Transition Standards
• Alabama Developmental Standards for Preschool Children

http://alex.state.al.us/ccrs/  http://alex.state.al.us/specialed/  http://www.alsde.edu/home/
The Number System  7th Grade

6. Solve real-world and mathematical problems involving the four operations with rational numbers. (Computations with rational numbers extend the rules for manipulating fractions to complex fractions.) [7-NS3]
6. Solve real-world and mathematical problems involving the four operations with rational numbers. (Computations with rational numbers extend the rules for manipulating fractions to complex fractions.) [7-NS3]

Objectives:
M. 7.6.1: Discuss various strategies for solving real-world and mathematical problems.
M. 7.6.2: Recall steps for solving fractional problems.
M. 7.6.3: Identify properties of operations for addition and multiplication.
M. 7.6.4: Recall the rules for multiplication and division of rational numbers.
M. 7.6.5: Recall the rules for addition and subtraction of rational numbers.
<table>
<thead>
<tr>
<th>General Education Standard 7.6</th>
<th>M. ES 7.2</th>
<th>(4) Solve simple multiplication or division word problems (using a calculator if necessary). Example: Solve There are 8 apples in the box. The apples will be evenly split between Sally and Kendra. How many apples will each girl get?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solve real-world and mathematical problems involving the four operations with rational numbers. (Computations with rational numbers extend the rules for manipulating fractions to complex fractions.) [7-NS3]</td>
<td>Solve simple addition or subtraction word problems. Example: Solve There are 3 cups on the table. Joan puts 2 more cups on the table. How many cups are on the table?</td>
<td></td>
</tr>
<tr>
<td>(3) Solve simple addition or subtraction word problems (using a calculator if necessary). Example: Solve There are 3 cups on the table. Joan puts 2 more cups on the table. How many cups are on the table?</td>
<td>(2) Solve picture problems with pre-printed counters recording the answer on paper or orally. Example: Solve ☺☺ + ☺☺☺ = ; Solve 1️⃣️1️⃣️ + 1️⃣️1️⃣️ =</td>
<td></td>
</tr>
<tr>
<td>(1) Identify an object used in a word problem. Example: Eye gaze or touch the pencils when shown pencils and something else</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Alabama Transition Standards

Academics/Training

Daily Living

Personal/Social

Occupations/Careers

Planning for positive post-school outcomes

Alabama Department of Education - Larry E. Caron, Interim State Superintendent of Education - October 2011
Standard M. 3.10
Use place value understanding to round whole numbers to the nearest 10 or 100. [3-NBT1]

Content Standard Identifier from Common Core State Standards

M. 3.10.1: Define rounding.
M. 3.10.2: Round whole numbers from 100 to 999 using whole numbers from 10 to 99.
M. 3.10.3: Model rounding whole numbers to the nearest 100.

Referencing Standards in Annual Goals
Strengths, Needs, How disability affects performance in the general education curriculum
Sample template to use for developing Standards Based IEP's

Student: ___________________________ Grade: ________ Date: _________

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

• STRENGTHS:

• NEEDS:

• HOW DISABILITY AFFECTS PERFORMANCE IN GENERAL EDUCATION CURRICULUM:
INDIVIDUALIZED EDUCATION PROGRAM

STUDENT’S NAME: ____________________________________________________________

[ ] This goal is related to the student’s transition services needs.

AREA: ____________________________________________________________________

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

MEASURABLE ANNUAL GOAL related to meeting the student’s needs:

Who, Behavior, Conditions, Criterion, Timeframe

BENCHMARKS:
1. ______________________________________________________________________ Date of Mastery: __________
2. ______________________________________________________________________ Date of Mastery: __________
3. ______________________________________________________________________ Date of Mastery: __________
4. ______________________________________________________________________ Date of Mastery: __________
ANNUAL GOAL:

- WHO (The Student):

- BEHAVIOR (will do what):

- CONDITIONS (under what conditions):

- CRITERION (to what level):

- TIME FRAME (in what length of time):
Student

- 3rd grade
- Multiple Disabilities
- Extended Standards
- Dependent on school staff for all basic needs
- Non-verbal; non-ambulatory
- Related service: Physical Therapy

- Assessments:
  - AAA Reading ES 2.1 (1)
  - AAA Reading ES 2.3 (1)

- Classroom Observation:
  - Non-responsive

- Parent concerns:
  - Interactions with peers
<table>
<thead>
<tr>
<th>General Education Standard 3.3</th>
<th>R. ES 3.2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe characters in a story (e.g., their traits, motivations, or feelings) and explain how their actions contribute to the sequence of events. [RL.3.3]</td>
<td>Identify the character in a story read aloud.</td>
<td>(4) Identify the actions of a character in a story.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(3) Identify the character in a story read aloud.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(2) Answer a <em>who</em> question related to an action in a story read aloud.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Examples: Answer <em>who is running</em> in a story read aloud; or Answer <em>who ate the cookie</em> in a story read aloud.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(1) Answer <em>who is this story about</em> in a story read aloud.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Example: Eye gaze or touch the picture or tactile representation for the character in a story read aloud when shown the character from that story and another character.</td>
</tr>
</tbody>
</table>
Strengths: Based upon teacher observations student participates in class primarily using her eyes. She will blink more rapidly when someone is speaking with her or if she is being moved to a different location within the classroom. When she is placed in the bed located in the classroom to allow her to stretch she will lie quietly which indicates that she is content and not experiencing any discomfort. Based upon recent Alabama Alternate Assessment data student demonstrated recognition of letters by sound through her eye gaze at the teacher while listening to songs about the letter B (R. ES 2.3 (1)).
Needs: However, she needs to increase her participation during reading class by identifying a character read from a story read aloud to her. (R. ES 3.2 (1)). She will need to use her eye gaze to select the correct picture representation of the main character.
How students' disability affects performance in the general education curriculum:

Student’s limited communication skills through eye gaze affects her performance in the general education curriculum in the area of reading.
Based upon teacher observations student participates in class primarily using her eyes. She will blink more rapidly when someone is speaking with her or if she is being moved to a different location within the classroom. When she is placed in the bed located in the classroom to allow her to stretch she will lie quietly which indicates that she is content and not experiencing any discomfort. Based upon recent Alabama Alternate Assessment data student demonstrated recognition of letters by sound through her eye gaze at the teacher while listening to songs about the letter B (R. ES 2.3 (1)). However, she needs to increase her participation during reading class by identifying a character read from a story read aloud to her. (R. ES 3.2 (1)). She will need to use her eye gaze to select the correct picture representation of the main character. Student’s limited communication skills through eye gaze affects her performance in the general education curriculum in the area of reading.
Who: Student

Behavior: will use her eye gaze to identify the main character from a story (R. ES 3.2 (1))

Condition: Given a choice of two illustrations; after it (story) is read aloud to her;

Criterion: scoring 80% accuracy on teacher made data collection form that records daily response or non response each month

Time Frame: by the end of the fourth nine weeks.
Given a choice of two illustrations student will use her eye gaze to identify the main character from a story (R. ES 3.2 (1)) after it is read aloud to her scoring 80% accuracy on teacher made data collection form that records daily response or non response each month by the end of the fourth nine weeks.
Student

• 7th grade
• Specific Learning Disability
• General Education Curriculum
• Assessments:
  • Reading text – 7th grade
  • Reading Comprehension- 2nd grade
  • Math – 7th grade
• Classroom Observation:
  • Struggles with comprehension of assigned reading
Range of Reading and Level of Text Complexity

9. By the end of the year, read and comprehend literature, including stories, dramas, and poetry, at the high end of the Grades 4-5 text complexity band independently and proficiently. [RL.5.10]

Objectives:

ELA 5.9.1: Read and comprehend literature, including stories, dramas, and poetry, in the Grades 4-5 text complexity band proficiently, with scaffolding as needed at the high end of the range.

ELA 5.9.2: Read and comprehend literature, including stories, dramas, and poetry, at the high end of the Grades 2-3 text complexity band independently and proficiently.
Range of Reading and Level of Text Complexity

10. By the end of the year, read and comprehend literature, including stories, dramas, and poems, in the Grades 6-8 text complexity band proficiently, with scaffolding as needed at the high end of the range. [RL.6.10]

Objectives:
ELA 6.10.1: Read and comprehend text complexity band Grades 5-7.
ELA 6.10.2: Read and comprehend text complexity band Grades 4-6.
ELA 6.10.3: Read and comprehend text complexity band Grades 3-5.
Strengths: Based upon recent achievement testing student is reading text at a level that is consistent with a student in the 7th grade. He is comprehending text that is consistent with a student in the 2nd grade, text complexity band 2-3 (ELA 5.9.2). Teacher observations reveal that he has excellent memory skills which seem to contribute to his ability to read text on grade level.
Needs:  

He needs to increase his comprehension to close the gap toward the level of text that he is able to read. Increasing his level to proficiency within the grade 3-5 complexity band (ELA 6.10.3) to understand and recall facts within assigned reading from his core academics.
How students disability affects performance in the general education curriculum:

Student’s comprehension being below grade level affects his performance within the general education curriculum in recalling facts from assigned reading.
Based upon recent achievement testing student is reading text at a level that is consistent with a student in the 7\textsuperscript{th} grade. He is comprehending text that is consistent with a student in the 2\textsuperscript{nd} grade, text complexity band 2-3 (ELA 5.9.2). Teacher observations reveal that he has excellent memory skills which seem to contribute to his ability to read text on grade level. He needs to increase his comprehension to close the gap toward the level of text that he is able to read. Increasing his level to proficiency within the grade 3-5 complexity band (ELA 6.10.3) to understand and recall facts within assigned reading from his core academics. Student’s comprehension being below grade level affects his performance within the general education curriculum in recalling facts from assigned reading.
Who: Student

Behavior: will increase his reading comprehension to the grades 3-5 complexity band (ELA 6.10.3)

Condition: Through participation in an evidence-based reading intervention program

Criterion: scoring 90% proficiency on progress monitoring

Time Frame: by the end of the fourth nine weeks.
Through participation in an evidence-based reading intervention program, the student will increase his reading comprehension to the grades 3-5 complexity band (ELA 6.10.3) scoring 90% proficiency on progress monitoring by the end of the fourth nine weeks.
...but I don’t know what you’re saying

http://www.youtube.com/watch?v=nof2FYyleVg
Student

- 9th grade
- Autism
- Essentials/Life Skills Pathway (AOD)
- Assessments:
  - Reading text – 10th grade
  - Reading Comprehension- 8th grade
  - Math – 7th grade
- Classroom Observation:
  - Estimation and mental calculations

Transition goals:
- Technical – criminal justice/law enforcement
- Competitive Employment
- Live independently

Parent Concerns:
- Meeting requirements for postsecondary education
Solve real-life and mathematical problems using numerical and algebraic expressions and equations.

9. Solve multistep real-life and mathematical problems posed with positive and negative rational numbers in any form (whole numbers, fractions, and decimals), using tools strategically. Apply properties of operations to calculate with numbers in any form, convert between forms as appropriate, and assess the reasonableness of answers using mental computation and estimation strategies. [7-EE3]

Examples: If a woman making $25 an hour gets a 10% raise, she will make an additional $\frac{1}{10}$ of her salary an hour, or $2.50, for a new salary of $27.50. If you want to place a towel bar $9\frac{3}{4}$ inches long in the center of a door that is $27\frac{1}{2}$ inches wide, you will need to place the bar about 9 inches from each edge; this estimate can be used as a check on the exact computation.

Objectives:
M. 7.9.1: Define estimation, rational numbers, and reasonable.
M. 7.9.2: Analyze the given word problem to set up a mathematical problem.
M. 7.9.3: Recognize the mathematical operations of rational numbers in any form, including converting between forms. (Ex. 0.25=1/4 =25%)
M. 7.9.4: Recall problem solving methods.
M. 7.9.5: Recognize the rules of operations of positive and negative numbers.
M. 7.9.6: Recognize properties of numbers (Distributive, Associative, Commutative).
M. 7.9.7: Recall mental calculation strategies.
M. 7.9.8: Recall estimation strategies.
<table>
<thead>
<tr>
<th>Standard 3:</th>
<th>Develop strategies for postsecondary education or training completion (e.g., maintaining and updating disability documentation, learning and study strategies, organizational skills, and seeking and obtaining support).</th>
</tr>
</thead>
<tbody>
<tr>
<td>TS.AT12.3.B</td>
<td>Schedule and implement strategies for postsecondary education/training completion, monitor success, and revise individualized plan accordingly.</td>
</tr>
<tr>
<td>TS.AT11.3.B</td>
<td>Analyze three potential barriers for postsecondary education or training completion and develop a plan or schedule for the best package of strategies to address those barriers.</td>
</tr>
<tr>
<td>TS.AT10.3.B</td>
<td>Acquire and practice at least three strategies to support secondary learning that will also be useful at the postsecondary level.</td>
</tr>
<tr>
<td>TS.AT9.3.B</td>
<td>Identify at least one strategy for enhancing secondary learning that will also support postsecondary education/training completion (e.g., learning and studying strategies, organizational strategies, and self-advocacy strategies).</td>
</tr>
</tbody>
</table>
Strengths: Based upon recent achievement testing student is reading text at a level that is consistent with a student in the 10th grade. He is comprehending text that is consistent with a student in the 8th grade, text complexity band 7-8 (ELA 9.9.1). His math computation skills are equivalent to a student in the 7th grade. His strengths in these areas will benefit him as he prepares for entrance to technical school pursuing criminal justice/law enforcement.
However, classroom observations reveal his difficulty recalling mental calculation strategies which hinder his ability to solve math problems using algebraic expressions and equations (M. 7.9.7). He needs to develop strategies to assist him in recalling mental calculations which will enhance his learning at the postsecondary level (TS.AT10.3B).
How students disability affects performance in the general education curriculum:

Student’s inability to recall problem solving strategies affects his participation in the general education curriculum in the area of math.
Based upon recent achievement testing student is reading text at a level that is consistent with a student in the 10th grade. He is comprehending text that is consistent with a student in the 8th grade, text complexity band 7-8 (ELA 9.9.1). His math computation skills are equivalent to a student in the 7th grade. His strengths in these areas will benefit him as he prepares for entrance to technical school pursuing criminal justice/law enforcement. However, classroom observations reveal his difficulty recalling mental calculation strategies which hinder his ability to solve math problems using algebraic expressions and equations (M. 7.9.7). He needs to develop strategies to assist him in recalling mental calculations which will enhance his learning at the postsecondary level (TS.AT10.3B). Student’s inability to recall problem solving strategies affects his participation in the general education curriculum in the area of math.
Who: student

Behavior: will develop strategies to recall mental calculations that will increase his understanding of algebraic equations (M. 7.9.7) and enhance his learning at the postsecondary level (TS. AT10.3B)

Condition: Through teacher led instruction and practice of mental math activities

Criterion: with 90% accuracy

Time Frame: by the end of the fourth nine weeks.
Through teacher led instruction and practice of mental math activities student will develop strategies to recall mental calculations that will increase his understanding of algebraic equations (M. 7.9.7) and enhance his learning at the postsecondary level (TS. AT10.3B) with 90% accuracy by the end of the fourth nine weeks.
INDIVIDUALIZED EDUCATION PROGRAM

STUDENT’S NAME: ____________________________

[✔️ This goal is related to the student’s transition services needs.

AREA: Math- Postsecondary Education (PE)

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

Based upon recent achievement testing student is reading text at a level that is consistent with a student in the 10th grade. He is comprehending text that is consistent with a student in the 8th grade, text complexity band 7-8 (ELA 9.9.1). His math computation skills are equivalent to a student in the 7th grade. His strengths in these areas will benefit him as he prepares for entrance to technical school pursuing criminal justice/law enforcement. However, classroom observations reveal his difficulty recalling mental calculation strategies which hinder his ability to solve math problems using algebraic expressions and equations (M. 7.9.7). He needs to develop strategies to assist him in recalling mental calculations which will enhance his learning at the postsecondary level (TS.AT10.3B). Student’s inability to recall problem solving strategies affects his participation in the general education curriculum in the area of math.

MEASURABLE ANNUAL GOAL related to meeting the student’s needs: DATE OF MASTERY: ____________

Through teacher led instruction and practice of mental math activities student will develop strategies to recall mental calculations that will increase his understanding of algebraic equations (M. 7.9.7) and enhance his learning at the postsecondary level (TS. AT10.3B) with 90% accuracy by the end of the fourth nine weeks.
The present level has 3 components.

Goals should be individualized.

Copying and pasting standards into the goal is acceptable.

Referencing course of study standards, curriculum guide objectives, and extended standards in the goal is required.
Measureable Goal:

Given an automobile with an empty gas tank, Cynthia will drive to the nearest gas station and fill the tank to 100% capacity in the next 10 minutes.
Given an automobile with an empty gas tank, Cynthia will drive to the nearest gas station and fill the tank to 100% capacity in the next 10 minutes.
Given an automobile with an empty gas tank, Cynthia will drive to the nearest gas station and fill the tank to 100% capacity in the next 10 minutes.
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Given an automobile with an empty gas tank, Cynthia will drive to the nearest gas station and fill the tank to **100% capacity** in the next 10 minutes.
Given an automobile with an empty gas tank, Cynthia will drive to the nearest gas station and fill the tank to 100% capacity in the next 10 minutes.
Just Keep Swimming

http://www.youtube.com/watch?v=AsemWIZUk4k
Special Education Services

Specially Designed Instruction

• Provider
  • Who will deliver the service(s)?

• Content
  • What the instruction is....
  • In what skill?

• Methodology
  • i.e. repeated practice, paired reading...

• Delivery of instruction
  • How is it delivered?
    • i.e., group size
  • When?
    • i.e., prior to presentation in class, after whole group instruction...
Sample template to use for developing Standards Based IEP’s

SPECIALLY DESIGNED INSTRUCTION:

- PROVIDER (Who will deliver the service(s)):

- CONTENT (In what skill)

- METHODOLOGY (What teaching strategy/method will be used)

- DELIVERY (How or When)
Specially Designed Instruction

**Example 1**
The special education teacher will work one-on-one with John to remediate his deficits with multiplication facts through repeated practice.

**Provider** – special education teacher  
**Content** – multiplication facts  
**Methodology** – repeated practice  
**Delivery (how)** – one-on-one

**Example 2**
The special education teacher will provide John additional word decoding skill building utilizing computerized reading decoding software after whole group instruction.

**Provider** – reading coach  
**Content** – word decoding  
**Methodology** – reading decoding software  
**Delivery (when)** – after whole group instruction
Specially Designed Instruction

**Non-example 1**
John is pulled out 3x weekly for interventions.

**Provider** – ??

**Content** – ??

**Methodology** – ??

**Delivery (how)** – ??

**Non-example 2**
John will be allotted extended time on tasks, small group instruction, re-teaching, and one-on-one instruction in all academic areas.

**Provider** – ??

**Content** – ??

**Methodology** – re-teaching

**Delivery (how)** – small group, one-on-one
Specially Designed Instruction

Non-example 3
The special education teacher will monitor John’s progress in the general education classroom.

Provider – special education teacher
Content – ??
Methodology – ??
Delivery (how) – ??

Non-example 4
John will be taught all core subjects with one-on-one instruction.

Provider – ??
Content – ??
Methodology – ??
Delivery (how) – one-on-one
SPECIAL EDUCATION AND RELATED SERVICE(S):

Please note:

Under Special Education describe the specially designed instruction that will be provided for each area that is listed in the IEP. (Specially designed instruction is what the IEP Team has determined will assist the student in attaining the goals). Location must be completed for each service.
### INDIVIDUALIZED EDUCATION PROGRAM

**Student’s Name:**

**SPECIAL EDUCATION AND RELATED SERVICE(S):** (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel)

#### Special Education

<table>
<thead>
<tr>
<th>Service(s)</th>
<th>Anticipated Frequency of Service(s)</th>
<th>Amount of time</th>
<th>Beginning/Ending Date</th>
<th>Location of Service(s)</th>
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#### Related Services

- [ ] Needed
- [ ] Not Needed

<table>
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</table>

#### Supplementary Aids and Services

- [ ] Needed
- [ ] Not Needed

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<thead>
<tr>
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#### Program Modifications

- [ ] Needed
- [ ] Not Needed

<table>
<thead>
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</tbody>
</table>

#### Accommodations Needed for Assessments

- [ ] Needed
- [ ] Not Needed

<table>
<thead>
<tr>
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</table>

#### Assistive Technology

- [ ] Needed
- [ ] Not Needed

<table>
<thead>
<tr>
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</table>

#### Support for Personnel

- [ ] Needed
- [ ] Not Needed

<table>
<thead>
<tr>
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### Special Education

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<th>Beginning/Ending Duration Dates</th>
<th>Location of Service(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>READING</td>
<td>3 x weekly</td>
<td>25</td>
<td>08/19/13 to 05/22/14</td>
<td>General Education Classroom</td>
</tr>
<tr>
<td></td>
<td>The special education teacher will provide John additional word decoding skill building utilizing computerized reading decoding software after whole group discussion.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MATH</td>
<td>Daily</td>
<td>20</td>
<td>08/14/13 to 05/22/14</td>
<td>Special Education Classroom</td>
</tr>
<tr>
<td></td>
<td>The special education teacher will work one-on-one with John to remediate his deficits with multiplication facts through repeated practice.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRANSITION</td>
<td>2 x Bi-monthly</td>
<td>20</td>
<td>08/14/13 to 05/22/14</td>
<td>Resource Room</td>
</tr>
<tr>
<td></td>
<td>The special education teacher will reinforce John’s job interviewing skills in a small group setting through scaffolding based on his employment interests.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service(s)</td>
<td>[ ] Needed</td>
<td>[ ] Not Needed</td>
<td>Anticipated Frequency of Service(s)</td>
<td>Amount of time</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>------------</td>
<td>----------------</td>
<td>-------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>The physical therapist will work with John on mobility related to going up</td>
<td>[X] Needed</td>
<td>[ ] Not Needed</td>
<td>1 x weekly</td>
<td>30</td>
</tr>
<tr>
<td>and down stairs and up and down uneven levels as he travels across the</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>school campus</td>
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<tr>
<td>John will participate in one-on-one counseling with the behavioral</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>interventionist to focus on anger management strategies and coping skills.</td>
<td></td>
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</table>
### Supplementary Aids and Services

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</tr>
</thead>
<tbody>
<tr>
<td>[ ] Needed</td>
<td>[ ] Not Needed</td>
<td></td>
<td>to</td>
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</tbody>
</table>

<table>
<thead>
<tr>
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<th>Amount of time</th>
<th>Beginning/Ending Duration Dates</th>
<th>Location of Service(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>John will be allowed to use the following accommodations in all subjects: seated in the front of the classroom; verbal instructions; additional time to complete assignments; resource room to complete assignments/tests.</td>
<td>Daily</td>
<td>5</td>
<td>08/22/14 to 05/22/14</td>
<td>General Education Classroom</td>
</tr>
<tr>
<td>John’s teachers will use a behavior tracking form to monitor his behavior in the classroom.</td>
<td>Daily</td>
<td>5</td>
<td>08/22/14 to 05/22/14</td>
<td>General Education Classroom / Special Education Classroom</td>
</tr>
<tr>
<td>Service(s)</td>
<td>Anticipated Frequency of Service(s)</td>
<td>Amount of time</td>
<td>Beginning/Ending Duration Dates</td>
<td>Location of Service(s)</td>
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<tr>
<td>------------</td>
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<td>------------------------</td>
</tr>
<tr>
<td>John is working towards the second grade content standard in math. During math assignments, the paraprofessional will work one-on-one with John to increase the number of addition and subtraction problems, with and without regrouping, that he can compute correctly.</td>
<td>Daily</td>
<td>45</td>
<td>08/14/13 to 05/22/14</td>
<td>General Education Classroom</td>
</tr>
<tr>
<td>Service(s)</td>
<td>Anticipated Frequency of Service(s)</td>
<td>Amount of time</td>
<td>Beginning/Ending Duration Dates</td>
<td>Location of Service(s)</td>
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</tr>
<tr>
<td>When tested, John will be allowed the following accommodations: extended time; read aloud by the teacher; word bank for fill-in-the blank test items; essay questions can be typed using a computer; small group setting.</td>
<td>Daily</td>
<td>08/14/13 to 05/22/14</td>
<td>General Education Classroom / Resource Room</td>
<td></td>
</tr>
<tr>
<td>Assistive Technology</td>
<td>[ ] Needed</td>
<td>[ ] Not Needed</td>
<td></td>
<td></td>
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<td>------------------------------------------------------------------------------------</td>
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<td>Amount of time</td>
<td>Beginning/Ending Duration Dates</td>
<td>Location of Service(s)</td>
</tr>
<tr>
<td>John will use an augmentative communication device to communicate</td>
<td>Daily</td>
<td>360</td>
<td>08/14/13 to 05/22/14</td>
<td>School Environment</td>
</tr>
<tr>
<td>John will use adaptive sporting equipment during recess.</td>
<td>Daily</td>
<td>52</td>
<td>08/14/13 to 05/22/14</td>
<td>Gym</td>
</tr>
<tr>
<td>Service(s)</td>
<td>Anticipated Frequency of Service(s)</td>
<td>Amount of time</td>
<td>Beginning/Ending Duration Dates</td>
<td>Location of Service(s)</td>
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<tr>
<td>---------------------------------------------------------------------------</td>
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<td>------------------------</td>
</tr>
<tr>
<td>The case manager will train general education teachers on the use of John’s augmentative communication device.</td>
<td>Annual</td>
<td>10</td>
<td>08/14/13 to 05/22/14</td>
<td>Special Education Classroom</td>
</tr>
<tr>
<td>The case manager will train general education teachers on John’s behavior intervention plan (BIP) and the use of the behavior tracking form.</td>
<td>Annual</td>
<td>10</td>
<td>08/14/13 to 05/22/14</td>
<td>General Education Classroom</td>
</tr>
</tbody>
</table>
INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME:

TRANSFER OF RIGHTS
(Beginning not later than the IEP that will be in effect when the student reaches 18 years of age.)
Date student was informed that the rights under the IDEA will transfer to him/her at the age of 19: ________________

LEAST RESTRICTIVE ENVIRONMENT

EXTENDED SCHOOL YEAR SERVICES (ESY)
The IEP Team has considered the need for extended school year services. [ ] Yes [ ] No

[ ] 14-21 YEARS OF AGE

[ ] 13-14 YEARS OF AGE

COPY OF IEP

COPY OF SPECIAL EDUCATION RIGHTS

Was a copy of the IEP given to parent/student (age 19) at the IEP Team meeting? [ ] Yes [ ] No

Was a copy of the Special Education Rights given to parent/student (age 19) at the IEP Team meeting? [ ] Yes [ ] No

If no, date sent: ________________ If no, date sent: ________________

Date copy of amended IEP provided sent to parent/student (age 19): ________________

THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP:

<table>
<thead>
<tr>
<th>Position</th>
<th>Signature</th>
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<tbody>
<tr>
<td>Parent</td>
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<tr>
<td>Parent</td>
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<tr>
<td>General Education Teacher</td>
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<tr>
<td>Special Education Teacher</td>
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<tr>
<td>LENA Representative</td>
<td></td>
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<tr>
<td>Someone Who Can Interpret The Instructional</td>
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<tr>
<td>Implications Of The Evaluation Results</td>
<td></td>
<td></td>
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<tr>
<td>Student</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Technical Education Representative</td>
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<tr>
<td>Other Agency Representative</td>
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</tbody>
</table>

INFORMATION FROM PEOPLE NOT IN ATTENDANCE:

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Date</th>
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<tbody>
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**INDIVIDUALIZED EDUCATION PROGRAM**

**LEASTRESTRICTIVEENVIRONMENT**

Does this student attend the school (or for a preschool-age student, participate in the environment) he/she would attend if nondisabled? 
[ ] Yes [ ] No
If no, explain:

Does this student receive all special education services with nondisabled peers? 
[ ] Yes [ ] No
If no, explain (explanation may not be solely because of needed modifications in the general curriculum):

---

**[ ] 6-21 YEARS OF AGE**  
**[ ] 3-5 YEARS OF AGE**

Least Restricted Environment:

[ ] Yes [ ] No
[ ] Yes [ ] No
If no, date sent: ___________________________ If no, date sent: ___________________________

Date copy of amended IEP provided to parent/student (age 19) ___________________________

THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP:

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<td>LEP Representative</td>
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Page 1 of 1  
ALIDE Approved Feb 2015
**INDIVIDUALIZED EDUCATION PROGRAM**

**COPY OF IEP**

Was a copy of the IEP given to parent/student (age 19) at the IEP Team meeting?  
[ ] Yes  [ ] No  
If no, date sent: __________________________

Date copy of **amended** IEP provided/sent to parent/student (age 19) ________________________

**COPY OF SPECIAL EDUCATION RIGHTS**

Was a copy of the Special Education Rights given to parent/student (age 19) at the IEP Team meeting?  
[ ] Yes  [ ] No  
If no, date sent: __________________________

**THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP.**

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<tbody>
<tr>
<td>Parent</td>
<td>First Name – Last Name</td>
<td></td>
</tr>
<tr>
<td>Parent</td>
<td>First Name – Last Name</td>
<td></td>
</tr>
<tr>
<td>General Education Teacher</td>
<td>First Name – Last Name</td>
<td></td>
</tr>
<tr>
<td>Special Education Teacher</td>
<td>First Name – Last Name</td>
<td></td>
</tr>
<tr>
<td>LEA Representative</td>
<td>First Name – Last Name</td>
<td></td>
</tr>
<tr>
<td>Someone Who Can Interpret The Instructional Implications Of The Evaluation Results</td>
<td>First Name – Last Name</td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td></td>
<td></td>
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<td>Career/Technical Education Representative</td>
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</tbody>
</table>

Does this student receive all special education services with nondisabled peers?  [ ] Yes  [ ] No  
If no, explain (explanation may not be solely because of needed modifications to the general curriculum):
Specially designed instruction means adapting, as appropriate, the content, methodology, and delivery of instruction.

When deciding on specially designed instruction, there does not have to be a direct connection to the student’s PLAAFP and measurable annual goal.
The date the student was first informed of the transfer of rights is the date that should be recorded in any subsequent IEP’s.

Extended School Year Services does not have to be considered for every student.
Provide the parent a copy of the IEP and a copy of the *Special Education Rights* (if a copy was not provided within the past year). If a copy was provided, the date it was provided should be documented.

Consent is not required for the evaluations listed on the IEP that will measure the progress in attaining the goals and/or benchmarks. Assessments used to document progress toward annual goals should be included in the Type(s) of Evaluation for Annual Goal on the Annual Goal Page of the IEP.
Process Chart 4

ANNUAL IEP TEAM MEETING TO DEVELOP THE IEP

Send Notice of Proposed Meeting/Consent for Agency Participation.

Complete the form Persons Responsible for IEP Implementation to document that person(s) responsible for implementing the IEP have been informed of his/her specific responsibilities and have access to the IEP.

Implement IEP.

Develop Annual Goal Progress Report.

Consent is not required for the evaluations listed on the IEP that will measure the progress in attaining the goals and/or benchmarks. Assessments used to document progress toward annual goals should be included in the Type(s) of Evaluation for Annual Goal on the Annual Goal Page of the IEP.
The following school personnel have access to the IEP and have been informed of their responsibility in implementing the IEP, and of the specific accommodations, modifications, and supports that must be provided for __________________________ (student's name) for the __________ school year.

DATE SIGNATURE POSITION

Signature and position of person responsible for informing school personnel of their responsibility.
Process Chart 4

ANNUAL IEP TEAM MEETING TO DEVELOP THE IEP

Send Notice of Proposed Meeting/Consent for Agency Participation.

Convene the IEP Team to develop the IEP.

Provide the parent a copy of the IEP and a copy of the Special Education Rights (if a copy was not provided within the past year). If a copy was provided, the date it was provided should be documented.

Implement IEP.

Develop Annual Goal Progress Report.

Consent is not required for the evaluations listed on the IEP that will measure the progress in attaining the goals and/or benchmarks. Assessments used to document progress toward annual goals should be included in the Type(s) of Evaluation for Annual Goal on the Annual Goal Page of the IEP.
Process Chart 4

ANNUAL IEP TEAM MEETING TO DEVELOP THE IEP

Send Notice of Proposed Meeting/Consent for Agency Participation.

Convene the IEP Team to develop the IEP.

Develop Annual Goal Progress Report.

Consent is not required for the evaluations listed on the IEP that will measure the progress in attaining the goals and/or benchmarks. Assessments used to document progress toward annual goals should be included in the Type(s) of Evaluation for Annual Goal on the Annual Goal Page of the IEP.
AMENDMENTS TO THE ANNUAL IEP

If the annual IEP needs to be amended.

In making changes to a student's IEP after the annual IEP Team meeting for a school year, the parent of a student with a disability and the public agency may agree not to convene an IEP Team meeting for the purpose of making these changes, and instead may draft a written document to amend or modify the student's current IEP. Changes to the IEP may be made either by the entire IEP Team at an IEP Team meeting or by amending the IEP rather than restructuring the entire IEP.

If changing the IEP Team to determine if amendments need to be made to the IEP, send Notice of Proposed Meeting/Contact for Agency Participation.

If changes are made to the student's IEP without a meeting of the IEP Team, the public agency must obtain a parent's written agreement to not convene an IEP Team meeting and approve the proposed changes and must ensure that the student's IEP Team is informed of changes.

Amend the current IEP.

Provide parent a copy of the amended IEP along with the Notice of Intent Regarding Special Education Services explaining the changes that were made to the IEP, and update the form Persons Responsible for IEP Implementation (if appropriate) to ensure that each person responsible for IEP implementation is informed of his/her responsibilities and that they have access to the IEP.

If necessary, update the Annual Goal Progress Report before the next reporting period.

Consent is not required for the evaluations listed on the IEP that will measure the program in attaining the goals and outcomes. Assessment used to document progress toward annual goals should be included in the Type(ies) of Evaluation for Annual Goal on the Annual Goal Page of the IEP.
In making changes to a student’s IEP after the annual IEP Team meeting for a school year, the parent of a student with a disability and the public agency may agree not to convene an IEP Team meeting for the purposes of making those changes, and instead may develop a written document to amend or modify the student’s current IEP. Changes to the IEP may be made either by the entire IEP Team at an IEP Team meeting, or by amending the IEP rather than redrafting the entire IEP.

- Communicate a copy of the amended IEP along with the Notice of Intent Regarding Special Education Services explaining the changes that were made to the IEP, and update the form Person Responsible for IEP Implementation (if appropriate) to ensure that each person responsible for IEP implementation is informed of his/her responsibilities and that they have access to the IEP.

- If necessary, update the Annual Goal Progress Report before the next reporting period.

Consent is not required for the evaluation listed on the IEP that will measure the progress in attaining the goals and/or benchmarks. Assessments used to document progress toward annual goals should be included in the Type(s) of Evaluation for Annual Goals on the Annual Goal Page of the IEP.
If convening the IEP Team to determine if amendments need to be made to the IEP, send Notice of Proposed Meeting/Consent for Agency Participation.

If changes are made to the student’s IEP without a meeting of the IEP Team, the public agency must obtain a parent’s written agreement to not convene an IEP Team meeting and approve the proposed changes and must ensure that the student’s IEP Team is informed of changes.

Amend the current IEP.

Report before the next reporting period.

Consent is not required for the evaluations listed on the IEP that will measure the progress in attaining the goals and/or benchmarks. Assessments used to document progress toward annual goals should be included in the Type(s) of Evaluation for Annual Goal(s) on the Annual Goal Page of the IEP.
AMENDMENTS TO THE ANNUAL IEP

Give/send parent a copy of the amended IEP along with the Notice of Intent Regarding Special Education Services explaining the changes that were made to the IEP; and update the form Persons Responsible for IEP Implementation (if appropriate) to ensure that each person responsible for IEP implementation is informed of his/her responsibilities and that they have access to the IEP.

If necessary, update the Annual Goal Progress Report before the next reporting period.

Consent is not required for the evaluation listed on the IEP that will measure the progress in attaining the goals and/or benchmarks. Assessments used to document progress toward annual goals should be included in the Type(s) of Evaluation for Annual Goal on the Annual Goal Page of the IEP.
AMENDMENTS TO THE ANNUAL IEP

If the annual IEP needs to be amended.

If necessary, update the Annual Goal Progress Report before the next reporting period.

Consent is not required for the evaluations listed on the IEP that will measure the progress in attaining the goals and/or benchmarks. Assessments used to document progress toward annual goals should be included in the Type(s) of Evaluation for Annual Goal on the Annual Goal Page of the IEP.
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