



INDIVIDUALIZED EDUCATION PLAN (IEP)

(007.09C) IEP Meeting Date:	(007.09B) IEP Effective Date: _____ to _____	(007.09A) Purpose of IEP Meeting: Initial <input type="checkbox"/>	(007.09C) Annual Review <input type="checkbox"/>	(007.09F) Amendment <input type="checkbox"/>
Student Name:	Date of Birth:	Student ID#		
Eligibility Category:	Most Recent MDT Date:	Anticipated Date of Next Reevaluation:		
Resident School:	Grade:	School Year:		
Parent(s)/Guardian(s):				
Address:		E-mail address:		
Phone (home):	Phone (work):	Cell Phone:		
Primary Language or Communication Mode(s): <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Sign Language <input type="checkbox"/> Other (specify): _____				

PARTICIPANTS IN IEP MEETING		
The names and roles of individuals participating in developing the IEP meeting (007.03)		Method of Participation
Name	Role	
	Parent/Guardian (007.03A1)	<input type="checkbox"/> in person <input type="checkbox"/> phone <input type="checkbox"/> other
	Parent/Guardian (007.03A1)	<input type="checkbox"/> in person <input type="checkbox"/> phone <input type="checkbox"/> other
	Student when appropriate or if 16 years of age or older (007.03A7, 007.03A10)	<input type="checkbox"/> in person <input type="checkbox"/> phone <input type="checkbox"/> other
	School District Representative (007.03A4)	<input type="checkbox"/> in person <input type="checkbox"/> excused <input type="checkbox"/> written input (if applicable)
	Special Education Teacher or Service Provider (007.03A3)	<input type="checkbox"/> in person <input type="checkbox"/> excused <input type="checkbox"/> written input (if applicable)
	Regular Education Classroom Teacher (007.03A2)	<input type="checkbox"/> in person <input type="checkbox"/> excused <input type="checkbox"/> written input (if applicable)
	Individual to interpret Instructional Implications of Evaluation Results (007.03A5)	<input type="checkbox"/> in person <input type="checkbox"/> excused <input type="checkbox"/> written input (if applicable)
	Representative of an agency which may provide postsecondary education transition services (if applicable) (007.03A10b)	<input type="checkbox"/> in person <input type="checkbox"/> phone <input type="checkbox"/> other
	Other (determined by parent or district – special knowledge or expertise) (007.03A6)	<input type="checkbox"/> in person <input type="checkbox"/> phone <input type="checkbox"/> other
	Nonpublic school representative (007.03A8)	<input type="checkbox"/> in person <input type="checkbox"/> phone <input type="checkbox"/> other
	Educator of Hearing Impaired (007.03A11)	<input type="checkbox"/> in person <input type="checkbox"/> phone <input type="checkbox"/> other
	Educator of Visually Impaired (007.03A12)	<input type="checkbox"/> in person <input type="checkbox"/> phone <input type="checkbox"/> other
	Approved Service Agency representative (007.03A9)	<input type="checkbox"/> in person <input type="checkbox"/> phone <input type="checkbox"/> other

SPECIAL CONSIDERATIONS: FEDERAL AND STATE REQUIREMENTS (92 NAC 51-007.07B)

During the IEP meeting the following factors must be considered by the IEP team. The IEP team must document that the factors were considered and any decisions made relative to each. Factors may be addressed in other sections of the IEP if not documented on this page.

Is the student blind or visually impaired? (007.07B5)

- No
- Yes
 - Student will be provided instruction in Braille and the use of Braille.
 - IEP team determined, after an evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the student's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is not appropriate for the student.

Is the student deaf or hearing impaired? (007.07B6)

- No
- Yes The IEP team has considered the student's language and communication needs, opportunities for direct communication with peers and professionals in the student's language and communication mode, academic level, and full range of needs including opportunities for direct instruction in the student's language and communication mode in the development of the IEP.

Does the student exhibit behaviors that impede his/her learning or that of others? (007.07B3)

- No
- Yes If yes, strategies including positive behavior interventions and supports must be considered by the IEP Team, and if determined necessary, addressed in this IEP.

Does the student have limited English proficiency? (007.07B4)

- No
- Yes If yes, indicate where the student's language needs are addressed in the IEP.

Does the student have communication needs? (007.07B6)

- No
- Yes If yes, indicate where the student's communication needs are addressed in the IEP.

Does the student require Assistive Technology device(s) and/or services? (007.07B7)

- No
- Yes If yes, indicate where the student's assistive technology needs are addressed in the IEP.

Will the student receive Extended School Year Services? (007.07C5)

- No The student is not eligible for ESY services.
- Yes The student is eligible for ESY services.
- The need for ESY services will be addressed at a later date. Will be addressed by the IEP Team by _____/_____ (month/year).

State or District-wide Assessments (007.07A7)

Are there state or district-wide assessments administered for this student's age/grade level?

- No
- Yes If yes, indicate where the state or district-wide assessments are addressed in the IEP.

Post-Secondary Transition Services: (Must be included not later than the first IEP to be in effect when the student turns 16, and updated annually thereafter) (007.07A9)

Is a Post-secondary Transition Planning required?

- No (Student will not turn 16 while this IEP is in effect)
- Yes (Student is/will be 16 while this IEP is in effect)

Will the student be graduating or exceeding the age of eligibility this year? (006.06E1)

- No
 - Yes, graduating with regular diploma
 - Yes, exceeding age of eligibility for special education
- If yes, a *Summary of Performance* must be provided to the student prior to graduating or exceeding the age of eligibility.

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

The Present Level of Academic Achievement and Functional Performance describes the effect of the student's disability on the students' involvement and progress in the general education curriculum and area(s) of need. This includes the student's performance in academic areas (reading, math, science, history/social sciences, etc.) and functional areas (socialization, communication, behavior, personal management, self-determination, etc.). Test scores should include an explanation. For preschool age students this section should include how the student's disability affects the student's participation in appropriate activities. There should be a direct relationship between the present level of Academic Achievement and Function Performance and the other components of the IEP.

Present Level must include:

- How the student's disability affects his/her involvement and progress in the general education curriculum; or for preschool children, participation in age-appropriate activities. (For students with transition plans, consider how the student's disability will affect the student's ability to reach his/her post-secondary goals (what the student will do after high school)). (007.07A1, 007.07A1a, 007.07A1b)

- The strengths of the student (for students with transition plans, consider how the strengths of the student relate to the student's post-secondary goals.) (007.07B1)

- Concerns of the parent/guardian for enhancing the education of the student (for students with transition plans, consider the parent/guardian's expectations for the student after the student leaves high school). (007.07B1)

- A summary of the most recent evaluation/reevaluation results, and the academic, developmental, and functional needs of the child (test scores should include an explanation). (007.07B2)

- A summary of the results of the student's performance on:
 - ❖ Formal or informal age appropriate transition assessments: (007.07A9a)

SECONDARY TRANSITION

Secondary Transition: (007.07A9a)

State measurable post-secondary goal(s) based upon age appropriate transition assessments related to education, training, employment, and where appropriate, independent living skills.

Transition Services means a coordinated set of activities designed within a results –oriented process focused on improving the academic and functional achievement of the student with a disability to facilitate the student’s movement from school to post-school activities, including post-secondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation and is based on the student’s needs, taking into account the student’s strengths, preferences and interests.

- Describe the transition services needed to assist the student in reach the above goals (007.07A9b)
(Transition services include but are not limited to instruction, related services, community experience, integrated employment including supported employment, development of employment and other post-school adult living objectives, functional vocational evaluations, and if appropriate, the acquisition of daily living skills).

Yes No Student participated in IEP meeting. If no, describe steps taken to ensure student’s preferences/interests were considered.

Will other agencies be involved in providing or paying for any transition services? (007.03A10b)

- No
 Yes If yes, describe the services
- 1)
 - 2) Was a representative of the other agencies, with parent consent, invited to the IEP meeting?
 No Yes
 - 3) If no, why not?

Describe the course(s) of study that focus on academic and functional achievement needed to assist the student in reaching the above goals. (007.07A9b)

ANNUAL GOAL(S) (92 NAC 51-007.07A2)

Measurable annual goals including academic and functional goals designed to meet the student's needs that result from the student's disability to enable the student to be involved in and make progress in the general education curriculum; and meet each of the student's other educational needs that result from the student's disability and how the student's progress toward meeting the annual goals will be measured. (007.07A2, 007.07A)

IEP GOAL

Annual Measurable Goals: (007.07A2)

Annual Goal #: _____

Short-term objectives/benchmarks: Measurable, immediate steps or targeted sub-skills to enable student to reach annual goals. (Required for a student taking an alternate assessment.) (007.07A3)

For students with Post-secondary Transition Plans, please indicate which goal domain(s) this annual goal will support: (007.07A9a)

- Post-secondary Education/Training Employment Independent Living

Progress toward the goal will be measured by (check all that apply): (007.07A4)

- Work samples Curriculum-based tests Portfolios Checklists
 Scoring guides Observation chart Reading records Others:

Annual Goal #: _____

Short-term objectives/benchmarks. Measurable, immediate steps or targeted sub-skills to enable student to reach annual goals. (Required for a student taking an alternate assessment.) (007.07A3)

For students with Post-secondary Transition Plans, please indicate which goal domain(s) this annual goal will support:

- Post-secondary Education/Training Employment Independent Living

- Work samples Curriculum-based tests Portfolios Checklists
 Scoring guides Observation chart Reading records Others:

Report of student progress:

When will the parents be informed of the student's progress toward meeting the annual goals? (007.07A4)

SPECIAL EDUCATION AND RELATED SERVICES (92 NAC 51-007.07A5)

If the student is **Not** receiving his/her special education and related services in his/her home school or resident district, indicate below where the services are being provided:

District/Agency Name: _____

Address: _____ Phone: _____

(007.07A5)	(007.07A8)	(007.07A8)	(007.07A8)
◇ Special Education Services	Location*	Frequency**	Amount of Time***
			Duration Beginning/Ending Date

◇ **Special Education Services** specially designed instruction to meet the unique needs of a child with a verified disability, including classroom instruction, home instruction, instruction in hospitals and institutions and in other settings and instruction in physical education. It includes travel training, vocational education, speech-language pathology, occupational therapy, and physical therapy if the service consists of specially designed instruction, to meet the unique needs of a child with a disability.

(007.07A5)	(007.07A8)	(007.07A8)	(007.07A8)
Related Services	Location*	Frequency**	Amount of Time***
			Duration Beginning/Ending Date
Speech and Language Services			
Occupational Therapy			
Physical Therapy			
Social Work Services			
Transportation			
Other			

(007.07A5)	(007.07A8)	(007.07A8)	(007.07A8)
△ Supplementary aids, services, Modifications for the student, and/or supports for personnel	Location*	Frequency**	Amount of Time***
			Duration Beginning/Ending Date

△ **Supplementary aids and services** includes aids, services, and other supports that are provided in regular education classes or other education-related settings and in extracurricular and non-academic settings to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate.

* Location – i.e., regular class, special class, special school, home instruction, instruction in hospital or institution

** Frequency – i.e., number of minutes per day, number of minutes per week

*** Amount of time, number of minutes or hours per session.

REGULAR EDUCATION PARTICIPATION (92 NAC 51-008.01A)

Extent of Participation in Regular Education (92 NAC 51-007.07A6)

The regular education environment includes all academic instruction as well as meals, recess, field trips, etc. Will this student participate 100% of the time with non-disabled peers in the regular education environment?

Yes

No If no, describe: 1) Percent of time student receives Special Education Services
with nondisabled Peers: _____%
not with nondisabled Peers: _____%

2) Percent of time student receives Regular Education Services
_____%

3) To the maximum extent appropriate, all students shall be educated and participate with students who are non-disabled. Provide an explanation of the extent, if any, to which the student will not participate in general education classes and activities. (007.07A6)

4) Will student participate in nonacademic activities with nondisabled peers and have an equal opportunity to participate in extracurricular activities as nondisabled peers? (007.07C4, 007.07C4a)

Yes No Explain: _____

5) Will student attend the school he or she would attend if nondisabled? (008.01G)

Yes No Explain: _____

STATE AND DISTRICT-WIDE ASSESSMENTS (92 NAC 51-007.07A7)

A statement of any individual appropriate accommodations that are necessary to measure the academic achievement and functional performance of the student on state and district-wide assessments. (007.07A7)

Accommodations for state wide assessment must come from the approved list of accommodations for the assessment.

Accommodations
1)
2)
3)
4)

If the IEP team determines that the student shall take an alternate assessment on a particular state or district-wide assessment of student achievement, include a statement of why the student cannot participate in the regular assessment and why the particular alternate assessment selected is appropriate for the student. (007.07A7a, 007.07A7b)

Participation in Physical Education (007.07C2)

The student will participate in:

- Regular physical education (007.07C2a)
- Regular physical education with accommodations as addressed in this IEP (007.07C2b)
- Adapted physical education (includes special PE, adapted PE, movement education and motor development) (007.07C2b)
- No physical education activities because: (007.07C2a(i), 007.07C2a(ii))

TRANSPORTATION (92 NAC 51-014.01)

Check all that apply:

- Yes No Special transportation is required to and from schools and/or between schools (014.01)
- Yes No Special transportation is required in and around school buildings (014.01)
- Yes No Transportation is required to and from school because the child is below age 5 (014.01C)
- Yes No Specialized equipment (such as special or adapted buses, lifts, and ramps) is required (014.01) Please explain: _____

- Yes No Specialized equipment (such as special or adapted buses, lifts, and ramps) is required (014.01)

If yes, transportation must be included as a related service on the services page.

EXTENDED SCHOOL YEAR SERVICES

- Yes No Extended school year services are needed. (007.07C5)

If yes, measurable goals to be addressed:

The IEP must indicate the type, amount and duration of extended year services to be provided. (007.07C5)

SPECIAL EDUCATION SERVICE(S)	LOCATION	AMOUNT/FREQUENCY OF SERVICES	INITIATION OF SERVICES	DURATION OF SERVICES

PARENT PARTICIPATION IN THE IEP PROCESS (92 NAC 51-007.06)

DOCUMENTATION OF NOTICE OF IEP MEETING (007.06A, 007.06B, 007.06C)

	Date	Method of Notification	By Whom
1st Notification		<input type="checkbox"/> Invitation <input type="checkbox"/> Phone Call <input type="checkbox"/> In Person <input type="checkbox"/> Reminder Notice <input type="checkbox"/> Other: _____	
2nd Notification		<input type="checkbox"/> Invitation <input type="checkbox"/> Phone Call <input type="checkbox"/> In Person <input type="checkbox"/> Reminder Notice <input type="checkbox"/> Other: _____	
3rd Notification		<input type="checkbox"/> Invitation <input type="checkbox"/> Phone Call <input type="checkbox"/> In Person <input type="checkbox"/> Reminder Notice <input type="checkbox"/> Other: _____	

The following documents were provided to parent(s) at no cost:

- Parental Rights in Special Education _____ (date) (009.06A) By Whom: _____
 Individualized Education Program (IEP) _____ (date) (007.09D) By Whom: _____
 Other: _____

Yes No The school district has taken the necessary action to insure that I understand the proceedings of this IEP conference (including arrangement for an interpreter, if appropriate). (007.06E)

Parent Signature: _____ Date: _____

If no parent signature, reason why parent signature could not be obtained:

- The IEP has been made accessible to each regular education teacher, special education teacher, related service provider, and other service provider who is responsible for its implementation.
 Each teacher and provider who is responsible for implementation of the IEP has been informed of his or her specific responsibilities related to implementing the IEP, and the specific accommodations, modifications, and supports that must be provided for the child in accordance with the IEP.

State law requires public schools to access Federal Medicaid funding for IEP and IFSP directed therapies provided to children eligible for Medicaid. Federal Law requires parental consent for districts to access this Medicaid funding. The district will not require parents or their children to enroll in the Nebraska Medicaid program and claims will only be submitted when the child/student is eligible. Regardless, all required special education services must still be provided by the school district at no cost to the family. This consent is voluntary and may be withdrawn at any time.

- I give CONSENT to the school district to access Medicaid funding on behalf of my child and understand that I may withdraw this consent at any time upon written notice to the school district. (009.09A1; 009.09A2a; 009.09A2c)

- I REFUSE to give consent to the school district to access Medicaid funding on behalf of my child and understand that my refusal will not affect the district's obligation to provide my child a Free Appropriate Public Education (FAPE) at no cost. (090.09A2d)

Parent Signature: _____

Date: _____