

**Tennessee's Individual Education Program (IEP)**

From / / to / /

\_\_\_\_ Initial \_\_\_\_ Annual \_\_\_\_ Interim Addendum

Student: Birthdate: Grade:

Last First Middle Mo/Day/Yr

Student Social Security/ID#: Sex: \_\_ M \_\_ F Ethnic Group: I B A H W

(Specify)

Relationship to Student: (Circle One) Parent Guardian Surrogate

Name: Home Phone:

Last First Middle

Address: Work Phone:

Student’s Residence (if different): Home Phone:

Attending School: Home/School (if different):

**Current Descriptive Information:**

Describe the child's strengths:

Describe the concerns of the parents regarding their child's education:

Describe how the child's disability affects involvement and progress in the general curriculum:

ED – 2998 /REV 9/2004
  
DEPT ED

1 Individual Education Plan

Student's Name:

Write "Yes" or "No" under “Exceptional” column for each area assessed. Remember "Exceptional" areas require a completed Goal Sheet.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area  Assessed** | **Present Levels of Performance**  Levels of functioning, should, when applicable, include norm referenced and/or criterion referenced data, as well as descriptive information on the student's deficit areas. | **Sources of Information** | **Date** | **Exceptional  Yes/No** |
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|  |  |  |  |  |
| Prevocational /Vocational |  |  |  |  |

**Consideration of Special Factors for IEP Development:**

* Does the child have limited English proficiency? \_\_\_Yes \_\_\_ No. If yes, what is his/her primary mode of language?
* Is the child blind or visually impaired? \_\_\_ Yes \_\_\_ No. If yes, does the child need instruction in Braille?
* Does the child have communication needs? \_\_\_ Yes \_\_\_ No. If yes, what are they?
* Is the child deaf or hard of hearing? \_\_\_ Yes \_\_\_ No. If yes, did the IEP Team consider:
* the child's language and communication needs; \_\_\_Yes \_\_\_ No
* opportunities for direct communications with peers and professional personnel in the child's language and communication mode; \_\_\_ Yes \_\_\_ No
* necessary opportunities for direct instruction in the child's language and communication mode? \_\_\_ Yes \_\_\_ No
* Is assistive technology necessary in order to implement the child's IEP? \_\_\_ Yes \_\_\_ No. If yes, what is needed?
* Does the child's behavior impede his/her learning or that of others? \_\_\_ Yes \_\_\_ No. If yes, the IEP Team has addressed the child's behavior in the following way(s): \_\_\_ Functional Behavior Assessment, \_\_\_ Behavior Intervention Plan, \_\_\_ Accommodations, \_\_\_\_ Goals and Objectives, \_\_\_\_ Other.
* Where in the IEP is this information located?

2 Individual Education Plan

Student's Name:

Has a comprehensive vocational evaluation been administered? \_\_\_ Yes \_\_\_ No

**Transition Services Planning** (Beginning at **age 14**, or younger)

|  |
| --- |
| **Desired Post School Outcomes**  Employment: Post-Secondary Education/Training:  Independent/Supported Living: Community Involvement: |

**Transition Service Needs**

Grade:\_\_9\_\_\_ Course of Study:

Grade:\_\_10\_\_ Course of Study:
  
Grade:\_\_11\_\_ Course of Study:

Grade:\_\_12\_\_ Course of Study:

**Transition Services** (Beginning at **age 16**, or younger)

|  |  |  |  |
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| **Service Area** | **Need  Yes/No** | **Activities/Strategies**  (All activities/strategies that are the responsibility of special education and are  to be implemented this year must be reflected in goal sheets.) | **Agency/Responsibilities** |
| Instruction: |  |  |  |
| Related Services: |  |  |  |
| Community Experiences: |  |  |  |
| Employment & Post-school Adult Living Objectives: |  |  |  |
| Daily Living Objectives:  (if appropriate) |  |  |  |
| Functional Vocational Evaluation: (if appropriate) |  |  |  |

**Documentation of other agency participation in planning and the person responsible for contacting agency(s) if a representative did not attend:**

**If the student was not in attendance, how were the student's preferences and interests considered?** (Check all that apply.)

\_\_\_ Student interview \_\_\_ Student survey \_\_\_ Student portfolio \_\_\_ Vocational Assessments \_\_\_ Interest Inventory \_\_\_ Other:

3 Individual Education Plan

**Measurable Annual Goals and Benchmarks/Short-term Instructional Objectives for IEP and Transition Activities**

Student’s Name: Goal \_\_\_\_\_ of \_\_\_\_\_

Area of Need: Personnel/Position Responsible:

Annual Goal:

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| **Benchmarks/Short-Term Instructional Objectives** | **Anticipated**  **Beginning**  **Date** | **Criteria  for  Mastery** | **Methods  Of  Evalu-  ation** | **Actual Date(s)**  **& Results**  **of Evalu­ation** | **Report of Progress** | | | | | |
| Refer to "Codes" Section below | | | **1st** | **2nd** | **3rd** | **4th** | **5th** | **6th** |
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| Supplementary Aids/Services and | | Support |  | **Report of Progress**  1. No progress made\*  2 Very little progress being  made towards goal\*   1. Some progress being made towards   goal, or   1. Goal has been met,     **And** 2. Anticipate meeting goal by IEP end, or | \*If 1 or 2, due to:   1. Lack of prerequisite skills, 2. more time needed, 3. inadequate assessment, 4. excessive absences/ tardies, or 5. other: . |
|  |  |
|  | | |  |
| Program Modifications/Supports | | for School Personnel: |  |
|  |  |
|  |  |  |  |
|  |  |  |  | **Date Progress Report Sent to  Parents:**  1st Grading Period |
| Criteria for Mastery  1. 100%  2. 90%  3. 80%  4. 70%  5. Other: |  | Methods  **Codes**  of Evaluation Standard Tests Teacher-Made Tests Teacher Observations Other: | Results of Evaluation  M - Objective Met - Proceed to Next  Objective  C - Continue with same objective - Some progress made, more time needed  D - Discontinue objective - Less than expected or no progress made |
| 6. Do not anticipate meeting goal by IEP end.  N/A Not applicable. Objective not covered during this grading period | 2nd Grading Period |
| 3rd Grading Period |
| 4th Grading Period |
| 5th Grading Period |
| 6th Grading Period |
|  |  |

4 Individual Education Plan

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular Program Participation:** Indicate the appropriate subject area letter beside all modifications that are to be used by the student in the regular program. | | | | | | **Special Education and Related Services:** | | | | | | |  | |
| a. All Subjects | b. Reading | c. English | d. Spelling | e. Math | f. Science | **Service Code and** | **Sessions** | **Time Per** | | **Hours** | | **Beginning/Ending** | | **Location of** |
| g. Social Studies | h. History | i. Health | j. Economics | k. Physical Education | l. Music/Art | **Type of Service** | **Per Wk/Mo/Yr** | **Session** | | **Per Week** | | **Dates** | | **Services** |
| m. Vocational | n. Lunch | o. Library | p. Title I | q. Other: | |
| **Classroom Instruction Assignment** | | | | | |  |  |  |  |  | |  |  |  |
| **Accommodations/Modifications: Accommodations/Modifications:** | | | | | |  |  |  |  |  | |  |  |  |
| \_\_\_\_\_\_ Preferential seating \_\_\_\_\_\_ Assignment book | | | | | | 01 Consultation | | |  | | | |  | |
| \_\_\_\_\_\_ Provide copies of material to be copied \_\_\_\_\_\_ Abbreviated assignments | | | | | |  | | |  | | | |  | |
| from book or board Additional time  \_\_\_\_\_\_ | | | | | |  | | |  | | | |  | |
| \_\_\_\_\_\_ Provide copies of notes (from another student) \_\_\_\_\_\_ Study guide | | | | | | \_\_\_\_\_/\_\_\_\_\_\_ | |  | \_\_\_\_\_\_  \_\_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ | | | |  |  |
|  | |  |
| \_\_\_\_\_\_ Peer tutoring \_\_\_\_\_\_ Extra grade opportunities (Re-do items missed, extra credit) | | | | | |  |  | | | |  |
| \_\_\_\_\_\_ Behavior/performance contracting  Highlighted textbook (student)  \_\_\_\_\_\_ | | | \_\_\_\_\_\_ Compacting  Other:  \_\_\_\_\_\_ | |  | \_\_\_\_\_/\_\_\_\_\_\_ | |  | \_\_\_\_\_\_  \_\_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ | | | |  |  |
|  | |  |
| \_\_\_\_\_\_ Taped materials | | |  | |  | \_\_\_\_\_/\_\_\_\_\_\_ | |  | \_\_\_\_\_\_  \_\_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ | | | |  |  |
| Other:  \_\_\_\_\_\_ | |  | | | |  | |  |  | | | |  |  |
| **Classroom Testing Accommodations/Modifications:** | | (In order to justify appropriateness of | | | |  | | |  | | | |  | |
| accommodations for any state mandated tests, the testing accommodations listed below should be used | | | | | |  | | |  | | | |  | |
| consistently within a student’s academic program over the previous year.) | | | | | | 02 Direct Special Education (For Inclusion, refer to State Instruction Booklet under "Type of Service" section.) | | | | | | | | |
| (TCAP Special Accommodations) (TCAP Allowable Accommodations) | | | | |  |  | | |  | | | |  | |
| **\_\_\_\_\_\_** Extended Time **\_\_\_\_\_\_**Large Print or Braille: | | | |  |  |  | \_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_\_\_ | | \_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_/\_\_\_ | | | | \_\_\_/\_\_\_/\_\_\_ |  |
| \_\_\_\_\_\_ Reading aloud internal test instructions/items **\_\_\_\_\_\_**Sign/Re-read | | | | Oral Instructions Verbatim | |  |  | |  | | | |  |  |
| Prompting upon request Setting:  \_\_\_\_\_\_ \_\_\_\_\_\_Flexible | | | |  | |  | | |  | | | |  | |
| \_\_\_\_\_\_ Interpreter Signs/Cues test **\_\_\_\_\_\_**Visual/Tactile | | | | Aids: | |  | \_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_\_\_ | | \_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_/\_\_\_ | | | | \_\_\_/\_\_\_/\_\_\_ |  |
|  | |  |  |
| Reads into auditory recorder and plays back **\_\_\_\_\_\_**Auditory Aids:  \_\_\_\_\_\_ | | | |  | |  | | | |  |
| Calculator/Mathematics Tables (word problems) Testing  \_\_\_\_\_\_ \_\_\_\_\_\_Multiple | | | | Sessions | |  | \_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_\_\_ | | \_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_/\_\_\_ | | | | \_\_\_/\_\_\_/\_\_\_ |  |
| Calculator/Mathematics Tables (all math) Scheduling:  \_\_\_\_\_\_ \_\_\_\_\_\_Flexible | | | |  | |  |  | |  | | | |  |  |
| \_\_\_\_\_\_ Manipulatives \_\_\_\_\_\_Marking in Test | | | | Booklet | |  | \_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_\_\_ | | \_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_/\_\_\_ | | | | \_\_\_/\_\_\_/\_\_\_ |  |
| \_\_\_\_\_\_ Assistive Technology \_\_\_\_\_\_ Student Reads Aloud to Self | | | | | |  |  | |  | | | |  |  |
| \_\_\_\_\_\_ Scribe  \_\_\_\_\_\_Unique Adaptive Accommodations | | (Accommodations listed below not available for TCAP) | | | |  | \_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_\_\_ | | \_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_/\_\_\_ | | | | \_\_\_/\_\_\_/\_\_\_ |  |
| (Approved) \_\_\_\_\_\_\_\_ Modify test format (word bank, multiple choice, short answer) | | | |
|  |  |
| \_\_\_\_\_\_\_\_ Abbreviated concepts tested | | | | | |  | | |  | | | |  | |
| \_\_\_\_\_\_\_\_ Modify grading scale (Pass/Fail or points) | | | | | |  | | |  | | | |  | |
| **State/District Mandated Assessments:** (Check either Number 1 or Number 2. When utilizing | | | | | | 03 Supervision (Option 8 only) | | |  | | | |  | |
| accommodations the appropriate addendum must be attached to this IEP.) | | | | | |  | | |  | | | |  | |
| 1. will participate in the following State or district assessment(s):  \_\_\_Student | | | | | | \_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_\_\_ | | | \_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_/\_\_\_ | | | | \_\_\_/\_\_\_/\_\_\_ | |
| Related Service(s), including Instruction from Specialized Personnel | | | | | | |  | |
|  | | | | | |
| ] Achievement ] Competency Tests ] EOC Tests ] Gateway Tests ] Writing | | | | | |  | | | | | | |  | |
| Gateway Tests Score / Date Passed Competency Tests Score / Date Passed | | | | | | \_\_\_ \_\_\_\_\_/\_\_\_\_\_\_ | |  | \_\_\_\_\_\_  \_\_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ | | | |  |  |
| ] Mathematics \_\_\_\_ /\_\_\_\_\_\_\_ ] Mathematics \_\_\_\_ /\_\_\_\_\_\_\_ | | | | | | \_\_\_ \_\_\_\_\_/\_\_\_\_\_\_ | |  | \_\_\_\_\_\_  \_\_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ | | | |  |  |
| ] Language Arts \_\_\_\_ /\_\_\_\_\_\_\_ ] Language Arts \_\_\_\_ /\_\_\_\_\_\_\_ | | | | | |  | |  |  | | | |  |  |
| ] Science \_\_\_\_ /\_\_\_\_\_\_\_ | | | | | | \_\_\_ \_\_\_\_\_/\_\_\_\_\_\_ | |  | \_\_\_\_\_\_  \_\_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ | | | |  |  |
| End of Course Test(s) | |  | | | |  | |  |  | | | |  |  |
| ] | | ] ] | | | | Related Service Codes: | | |  | | | |  | |
| ] ] ] | | | | | |  | | |  | | | |  | |
|  | | | | | | 04 Psychological Services | | | 12 Orientation & Mobility Services | | | | 20 Work-Based Learning | |
| ] District Assessment: |  | | | |  | 05 Social Work Services | | | 13 Audiology Services | | | |  | |
| **for TCAP Assessments** (Check boxes that apply – Box A or Box B and/or Box | | | |
| **Accommodations** | C) | 06 Occupational Therapy | | | 14 Other Services | | | |  | |
| A. ] No Accommodations | | | | | | 07 Speech/Language Pathology Services | | | 15 Ancillary - Attendant | | | |  | |
|  | | | | | | 08 Recreation Services | | | 16 Ancillary - Interpreter | | | |  | |
| B. ] Allowable State Accommodations | | | | | | 09 Physical Therapy | | | 17 Ancillary - Other | | | |  | |
| C. ] Special Accommodations | | | | | | 10 School Health Services | | | 18 Residential | | | |  | |
| D. ] ELL Accommodations | | | | | | 11 Counseling Services | | | 19 Homebound/Hospital | | | |  | |
| **] Yes ] No – Addendum(s) Attached** | | | | | |  | | |  | | | |  | |
| 2. \_\_\_Student will participate in the TCAP Alternate Assessment (TCAP-Alt). | | | | | |  | | |  | |  | |  | |
| **] Yes ] No – TCAP-Alt Participation Addendum Attached** | | | | | | **Total Regular Education hours per week: \_\_\_\_\_** | | | | | **Total Special Education hours per week: \_\_\_\_\_** | | | |

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**LRE and General Education:** Explain the extent, if any, in which the student **will not** participate with non-disabled peers in:

* the regular class:
* extracurricular and nonacademic activities:
* his/her LEA Home School:

**Special Transportation*:*** Does student require special transportation? \_\_\_ Yes \_\_\_ No. If yes, please explain:

**Extended School Year:** Date ESY program was/will be determined: . ESY program \_\_\_\_\_\_ is \_\_\_\_\_\_\_ is not to be provided.

**IEP Participants:** (The following individuals attended the IEP Team and participated in the development of this Individualized Education Program.)

**Position Signature In Agreement Date**

Parent Yes No

LEA Representative \_\_\_\_Yes \_\_\_\_No

Special Education Teacher \_\_\_\_Yes \_\_\_\_No

Regular Education Teacher \_\_\_\_Yes \_\_\_\_No

Student (if appropriate) \_\_\_\_Yes \_\_\_\_No

Interpreter of Evaluation Results \_\_\_\_Yes \_\_\_\_No

\_\_\_\_Yes \_\_\_\_No \_\_\_\_Yes \_\_\_\_No

Yes No

**Informed Parental Consent:**

\_\_\_Yes \_\_\_No I certify that I am the legal parent(s) / guardian(s) / surrogate(s) of this child.

\_\_\_Yes \_\_\_No I have been informed of and understand my rights as a parent, and have received a copy of my rights.

\_\_\_Yes \_\_\_No I have been involved in the IEP Team meeting and/or the development of this IEP, and give permission for the proposed program described in this IEP for my child.

\_\_\_Yes \_\_\_No My child and I have been informed of his/her right to represent himself/herself upon his/her eighteenth birthday. (Note: This information must be provided beginning at least one year prior to the student’s 18th birthday.)

Parent/Guardian/Surrogate Signature Date Student Signature Date

Date IEP was given to parent(s) . If the parent(s) did not attend, the person responsible for forwarding and explaining the contents of the IEP to the parents

along with their rights is .

**Documentation of IEP Review by Other Teachers not in Attendance**:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Signature | Date | Signature | Date |
| Signature | Date | Signature | Date |
| Signature | Date | Signature | Date |

6 Individual Education Plan