

**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.

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| **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 |
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**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)

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| **Desired Post School Outcomes**Employment: Post-Secondary Education/Training:Independent/Supported Living: Community Involvement:
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**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 areto be implemented this year must be reflected in goal sheets.) | **Agency/Responsibilities** |
| Instruction: |
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| Related Services: |
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| Community Experiences: |
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| Employment & Post-school Adult Living Objectives: |
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| Daily Living Objectives:
(if appropriate) |
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| Functional Vocational Evaluation: (if appropriate) |
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**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, or1. 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: .
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| Program Modifications/Supports | for School Personnel: |
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 | **Date Progress Report Sent to
Parents:**1st Grading Period |
| Criteria for Mastery 1. 100% 2. 90% 3. 80% 4. 70% 5. Other: | 1.
2.
3.
4.
 | Methods**Codes**of Evaluation Standard Tests Teacher-Made Tests Teacher Observations Other: | Results of EvaluationM - Objective Met - Proceed to NextObjectiveC - Continue with same objective - Some progress made, more time neededD - 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 |
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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:** |
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| 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** |
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| **Accommodations/Modifications: Accommodations/Modifications:** |
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| \_\_\_\_\_\_ Preferential seating \_\_\_\_\_\_ Assignment book | 01 Consultation |
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| \_\_\_\_\_\_ Provide copies of material to be copied \_\_\_\_\_\_ Abbreviated assignments |
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| from book or board Additional time\_\_\_\_\_\_ |
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| \_\_\_\_\_\_ Provide copies of notes (from another student) \_\_\_\_\_\_ Study guide | \_\_\_\_\_/\_\_\_\_\_\_ |
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| \_\_\_\_\_\_ Peer tutoring \_\_\_\_\_\_ Extra grade opportunities (Re-do items missed, extra credit) |
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| \_\_\_\_\_\_ Behavior/performance contractingHighlighted textbook (student)\_\_\_\_\_\_ | \_\_\_\_\_\_ CompactingOther:\_\_\_\_\_\_ |
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| \_\_\_\_\_\_ Taped materials |
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| Other:\_\_\_\_\_\_ |
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| **Classroom Testing Accommodations/Modifications:** | (In order to justify appropriateness of |
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| accommodations for any state mandated tests, the testing accommodations listed below should be used |
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| 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) |
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| **\_\_\_\_\_\_** Extended Time **\_\_\_\_\_\_**Large Print or Braille: |
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 | \_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_\_\_ | \_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ |
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| \_\_\_\_\_\_ Reading aloud internal test instructions/items **\_\_\_\_\_\_**Sign/Re-read | Oral Instructions Verbatim |
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| Prompting upon request Setting:\_\_\_\_\_\_ \_\_\_\_\_\_Flexible |
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| \_\_\_\_\_\_ Interpreter Signs/Cues test **\_\_\_\_\_\_**Visual/Tactile | Aids: |
 | \_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_\_\_ | \_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ |
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| Reads into auditory recorder and plays back **\_\_\_\_\_\_**Auditory Aids:\_\_\_\_\_\_ |
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| Calculator/Mathematics Tables (word problems) Testing\_\_\_\_\_\_ \_\_\_\_\_\_Multiple | Sessions |
 | \_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_\_\_ | \_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ |
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| Calculator/Mathematics Tables (all math) Scheduling:\_\_\_\_\_\_ \_\_\_\_\_\_Flexible |
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| \_\_\_\_\_\_ Manipulatives \_\_\_\_\_\_Marking in Test | Booklet |
 | \_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_\_\_ | \_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ |
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| \_\_\_\_\_\_ Assistive Technology \_\_\_\_\_\_ Student Reads Aloud to Self |
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| \_\_\_\_\_\_ Scribe\_\_\_\_\_\_Unique Adaptive Accommodations | (Accommodations listed below not available for TCAP) |
 | \_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_\_\_ | \_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ |
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| (Approved) \_\_\_\_\_\_\_\_ Modify test format (word bank, multiple choice, short answer) |
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| \_\_\_\_\_\_\_\_ Abbreviated concepts tested |
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| \_\_\_\_\_\_\_\_ Modify grading scale (Pass/Fail or points) |
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| **State/District Mandated Assessments:** (Check either Number 1 or Number 2. When utilizing | 03 Supervision (Option 8 only) |
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| accommodations the appropriate addendum must be attached to this IEP.) |
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| 1. will participate in the following State or district assessment(s):
\_\_\_Student | \_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_\_\_ | \_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ |
| Related Service(s), including Instruction from Specialized Personnel |
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| ] Achievement ] Competency Tests ] EOC Tests ] Gateway Tests ] Writing |
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| Gateway Tests Score / Date Passed Competency Tests Score / Date Passed | \_\_\_ \_\_\_\_\_/\_\_\_\_\_\_ |
 | \_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ |
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| ] Mathematics \_\_\_\_ /\_\_\_\_\_\_\_ ] Mathematics \_\_\_\_ /\_\_\_\_\_\_\_ | \_\_\_ \_\_\_\_\_/\_\_\_\_\_\_ |
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| ] Language Arts \_\_\_\_ /\_\_\_\_\_\_\_ ] Language Arts \_\_\_\_ /\_\_\_\_\_\_\_ |
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| ] Science \_\_\_\_ /\_\_\_\_\_\_\_ | \_\_\_ \_\_\_\_\_/\_\_\_\_\_\_ |
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| End of Course Test(s) |
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 | 04 Psychological Services | 12 Orientation & Mobility Services | 20 Work-Based Learning |
| ] District Assessment: |
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 | 05 Social Work Services | 13 Audiology Services |
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| **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 |
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| **] Yes ] No – Addendum(s) Attached** |
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| 2. \_\_\_Student will participate in the TCAP Alternate Assessment (TCAP-Alt). |
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| **] Yes ] No – TCAP-Alt Participation Addendum Attached** | **Total Regular Education hours per week: \_\_\_\_\_** | **Total Special Education hours per week: \_\_\_\_\_** |

5 Individual Education Plan

**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**:

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| Signature | Date | Signature | Date |
| Signature | Date | Signature | Date |
| Signature | Date | Signature | Date |

6 Individual Education Plan