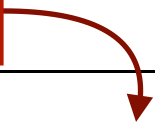


School District/Public Agency		Individualized Education Program (IEP) 34 C.F.R. §§300.320-300.324		
Name of Student	WISER ID	DOB	Grade	Date of IEP Meeting
Sample Student				
Date of Last IEP Meeting	Due Date of Next 3 Year Reevaluation	Disability Category(s)		
STRENGTHS, EDUCATIONAL CONCERNS AND PREFERENCES/INTERESTS				
Team's Perspective 34 C.F.R. §§300.321(a) and (b)				
<p>Strengths:</p> <p>What is the student good at in relative terms? What is the best part of the student's learning day?</p> <p>Preferences/Interests:</p> <p>What does the student enjoy? Favorite activities, courses, subjects, staff persons, etc.?</p> <p>Educational Concerns:</p> <p>Remember IEPs must address skill gaps in comparison to the general curriculum or extended curriculum. Without skill gaps, there is no justification for having an IEP. This area may be used to identify major skill gaps, prioritize educational needs, describe areas of lack of expected progress, etc.</p>				
PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE				
<input type="checkbox"/> Preschool Students: Describe the academic, developmental and functional needs of the student, and how the disability affects the student's participation in appropriate activities (<i>the same age appropriate activities engaged in by nondisabled students</i>).				
<input type="checkbox"/> School Age Students: Describe the academic, developmental and functional needs of the student, and how the disability affects the student's involvement and progress in the general education curriculum (<i>the same curriculum as nondisabled students</i>).				
<p>Describe the child's present levels of academic achievement and functional performance across services and settings, including special education, regular education, and interventions.</p> <p>Present levels are intended to inform the entire team about the student's current skill level across environments. The description may include data, but must also include narrative information describing what the data means for this student. Present levels are the first step in the process of identifying the student's educational needs for the current annual IEP. Present levels should be skill-descriptive, and tell the child's story in a manner that could inform any unfamiliar reader about this student's current educational (academic AND functional) performance.</p>				

Name of Student	Date of IEP Meeting

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (Continued)

NOTE REGARDING SPECIAL FACTORS: This is an important section to ensure that special factors are considered for educational planning purposes. Don't be afraid to check "yes," as this only means that the IEP should specifically address those relevant special factors.



CONSIDERATION OF SPECIAL FACTORS

34 C.F.R. §300.324(a)(2)

	YES	NO
• Does the student's behavior impede his/her learning or the learning of others?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the child have communication needs?	<input type="checkbox"/>	<input type="checkbox"/>
• Is the student deaf or hard of hearing? If yes, then answer the following:	<input type="checkbox"/>	<input type="checkbox"/>
○ Does the student need opportunities for communication and direct instruction in the student's language and communication mode?	<input type="checkbox"/>	<input type="checkbox"/>
• Is the student blind or visually impaired? If yes, then answer the following:	<input type="checkbox"/>	<input type="checkbox"/>
○ Does the student require orientation and mobility training?	<input type="checkbox"/>	<input type="checkbox"/>
○ After an evaluation of reading and writing needs, learning media assessment, and need for future instruction in Braille, does the student require instruction in the use of Braille?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the student require assistive technology devices or services?	<input type="checkbox"/>	<input type="checkbox"/>
• Has the student been determined to be Limited English Proficient?	<input type="checkbox"/>	<input type="checkbox"/>
Any item checked "YES" must be addressed in the IEP.		

EXTENDED SCHOOL YEAR

34 C.F.R. §300.106

Extended School Year (ESY) services must be provided if necessary for the student to receive FAPE. In addition to degree of regression and the time necessary for recoupment, consider these factors:

- Degree of impairment and the ability of the child's parents to provide the educational structure at home;
- The child's rate of progress;
- His or her behavioral and physical problems;
- The availability of alternative resources;
- The ability of the child to interact with non-handicapped children;
- The areas of the child's curriculum which need to be reviewed;
- The child's vocational needs; and
- Whether the requested service is "extraordinary" to the child's condition, as opposed to an integral part of a program for those with the child's condition.

NOTE: ESY is not intended to provide "extra" benefit. It is appropriate ONLY if service beyond the normal school day or year is NECESSARY in order for the student to receive educational benefit during the normal school day/year. Most students will experience gains with more service, but that is not the purpose of ESY.

Is ESY necessary in order for the student to receive FAPE? YES NO

If ESY is a necessary component of FAPE, ESY goals and services must be documented in the IEP.

Name of Student	Date of IEP Meeting
TRANSITION SERVICES	
For all students beginning with the IEP to be in effect when the child is 16 and updated annually thereafter. <input type="checkbox"/> N/A Student will not become 16 during implementation of this IEP	
Student's Desired Post-School Activities	
Postsecondary education, vocational education, integrated employment, continuing and adult education, adult services, independent living, and/or community participation.	
Results of Age-Appropriate Transition Assessments: <input type="checkbox"/> Results Attached	
Education/Training: Employment: Independent:	
<p style="color: red;">Age appropriate transition assessments are the foundation to writing appropriate, measurable postsecondary goals. It should be the first step in transition planning. As with any assessment, parent consent is not needed to review existing data or when the assessment is something in which all students participate, or is done as a routine activity or assignment within the curriculum. Any new assessments administered as part of a reevaluation or as part of the age appropriate transition assessment designed for a particular student require parental consent (which could be the 18 year old student unless a court order for guardianship is in place).</p>	
MEASURABLE POSTSECONDARY GOALS	
Based on age-appropriate transition assessments related to training and education, employment, and if appropriate, independent living skills. Clearly specify the activities, desired level of achievement and the timeline for achievement.	
Postsecondary Education/Training Goal	
Measurable Postsecondary Goal: See Measurable Annual Goal(s): _____ <p style="color: red;">Postsecondary goals relating to Education or Training may overlap and be combined in appropriate circumstances.</p>	
Transition Service Activities: Party(s) Responsible: Time Frame: <p style="color: red; text-align: center;">The school may assign responsibility to other parties. However it remains ultimately responsible for implementation of the measurable postsecondary goals.</p>	
Career/Employment Goal	
Measurable Postsecondary Goal: See Measurable Annual Goal(s): _____ <p style="color: red;">Because employment is a distinct activity from the areas related to training and education, each student's IEP must include a separate postsecondary goal in the area of employment.</p>	
Transition Service Activities: Party(s) Responsible: Time Frame:	

Name of Student		Date of IEP Meeting	
Independent Living Goal <input type="checkbox"/> N/A			
Measurable Postsecondary Goal:		See Measurable Annual Goal(s): _____	
It is up to the child's IEP Team to determine whether IEP goals related to the development of independent living skills are appropriate and necessary for the child to receive FAPE.			
Transition Service Activities:		Party(s) Responsible:	Time Frame:
Courses of Study			
Proposed courses of study to assist the student in reaching the measurable postsecondary goals.			
School Year:	School Year:	School Year:	School Year:
TRANSFER OF RIGHTS AT AGE OF MAJORITY			
At least one year prior, the student must be informed that rights under the IDEA transfer to the student at the age of 18.			
<input type="checkbox"/> The student will turn 17 during this IEP period.		<input type="checkbox"/> N/A	
<input type="checkbox"/> The student and parent were informed of the transfer of rights. By: _____		Date: _____	
<input type="checkbox"/> The student is under guardianship pursuant to Wyoming law. (Attach copy of the Guardianship Order.)			
GRADUATION OR PROGRAM COMPLETION			
Projected date of:			
Graduation: _____		Program Completion: _____	
Diploma or certificate: _____		<input type="checkbox"/> N/A	
Describe the body of evidence needed to support graduation:			
It is very important for IEP teams to review and discuss the graduation requirements enacted in November 2013 (WDE Rules, Chapter 31) to determine if the student is on track to receive a high school diploma or some other type of program completion. The Wyoming Rules on graduation changed substantially in 2013.			

Name of Student			Date of IEP Meeting	
MEASURABLE ANNUAL GOAL NUMBER _____ Additional Goal pages should be added as necessary.				
A statement of measurable annual goals, including academic and functional goals designed to:				
<ul style="list-style-type: none"> 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. Meet each of the student's other educational needs that result from the student's disability. 				
Indicate whether this goal will be implemented during ESY. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
Each goal must include a baseline, target and method of measurement.				
Goals link back to comprehensive evaluation data, PLAAFP, and resulting identified educational needs, i.e. skill gaps. All goals must be measurable, even if accompanied by benchmarks or objectives. Measurable means the IEP identifies the current skill level, a rigorous but reasonable target to be achieved in one year, and the method used to measure growth. Goals are intended to address skill gaps, NOT broad statements like "pass a class." The IEP should address what skills are necessary to pass the class.				
Benchmarks or short-term objectives:				
Required <u>only</u> for students that will take alternate State or District wide assessment(s).				
Objective			Time Frame	
Benchmarks are necessary only for students working to alternate standards and taking alternate assessments. Benchmarks do not take the place of measurable annual goals. They supplement the annual goal by breaking down the goal into smaller increments, called benchmarks or short-term objectives.				
Periodic reports of progress toward meeting the annual goal:				
Periodic reports must coincide with the district or public agency regular reporting schedule.				
DATE				
DATA TO SUPPORT PROGRESS				
NOTE: Progress must be quantified by the method of measurement specified in the goal.	This section requires objective data, and should be completed for each reporting cycle. Measurable goals result in objective data. Calculate progress as stated in the annual goal. A lack of anticipated progress may suggest the need to restructure and revise the service or goal. It is not helpful or sufficient to simply decrease expectations based on a lack of progress.			
DESCRIBE PROGRESS				
NOTE: Narrative should be used to supplement data above.	This section requires a description or explanation of progress or the lack of anticipated progress. This description should relate directly to the data reported above. For example, it would be very important for the team to know that all of the progress reported occurred during the first few weeks of the reporting cycle and that no recent progress has been made, suggesting a need to restructure the goal.			
STAFF NAME				

Name of Student			Date of IEP Meeting	
A. SPECIAL EDUCATION SERVICES				
<p>A statement of the special education, related services, supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the student, or on behalf of the student, and a statement of the program modifications or supports for school personnel that will be provided to enable the student:</p> <ul style="list-style-type: none"> To advance appropriately toward attaining the annual goals. To be involved in and make progress in the general education curriculum and to participate in extracurricular and other nonacademic activities. To be educated and participate with other students with disabilities and nondisabled students in extracurricular and other nonacademic activities. 				
Special Education	Frequency	Duration	Location	Projected Start Date
Area of Specially Designed Instruction: Typically, this includes core content areas, behavior, and/or functional skills. <input type="checkbox"/> ESY				
Area of Specially Designed Instruction: Check ESY only if the service will be provided beyond the normal school day or year. <input type="checkbox"/> ESY				
Area of Specially Designed Instruction: <input type="checkbox"/> ESY	It is expected that the frequency, duration, and location would be different for services provided during ESY, which is for the purpose of maintaining current skills, not advancing to a higher skill level.			
Area of Specially Designed Instruction: <input type="checkbox"/> ESY				
Area of Specially Designed Instruction: NOTE: It is not necessary to write a goal for each provider. <input type="checkbox"/> ESY				
Area of Specially Designed Instruction: <input type="checkbox"/> ESY				
Area of Specially Designed Instruction: <input type="checkbox"/> ESY				
Postsecondary Transition Services: <input type="checkbox"/> ESY				
Speech – Language Pathology: (Primary disability only)				
When S/L is the only disability, S/L service is the specially designed instruction.				
Physical Education: <input type="checkbox"/> ESY				
Vocational Education: <input type="checkbox"/> ESY				
Travel Training: <input type="checkbox"/> ESY				

Name of Student	Date of IEP Meeting

B. RELATED SERVICES
Necessary to benefit from special education.

Related Service <input type="checkbox"/> N/A	Frequency	Duration (Amount)	Location	Projected Start Date
<input type="checkbox"/> Audiology <input type="checkbox"/> ESY	-----	-----	-----	-----
<input type="checkbox"/> Counseling Services <input type="checkbox"/> ESY	-----	-----	-----	-----
<input type="checkbox"/> Educational Interpreting Services <input type="checkbox"/> ESY	-----	-----	-----	-----
<input type="checkbox"/> Occupational Therapy <input type="checkbox"/> ESY	-----	-----	-----	-----
<input type="checkbox"/> Orientation and Mobility <input type="checkbox"/> ESY	-----	-----	-----	-----
<input type="checkbox"/> Parent Counseling and Training <input type="checkbox"/> ESY	-----	-----	-----	-----
<input type="checkbox"/> Physical Therapy <input type="checkbox"/> ESY	-----	-----	-----	-----
<input type="checkbox"/> Psychological Services <input type="checkbox"/> ESY	-----	-----	-----	-----
<input type="checkbox"/> Recreation <input type="checkbox"/> ESY	-----	-----	-----	-----
<input type="checkbox"/> School Health Services <input type="checkbox"/> ESY	-----	-----	-----	-----
<input type="checkbox"/> School Nurse Services <input type="checkbox"/> ESY	-----	-----	-----	-----
<input type="checkbox"/> School Social Work Services <input type="checkbox"/> ESY	-----	-----	-----	-----
<input type="checkbox"/> Speech – Language Pathology (only for students with other primary disability) <input type="checkbox"/> ESY	If the student is eligible in any category other than S/L, then the S/L service automatically becomes a related service.			
<input type="checkbox"/> Transportation <input type="checkbox"/> ESY				
<input type="checkbox"/> Other (specify) <input type="checkbox"/> ESY	-----	-----	-----	-----

C. SUPPLEMENTARY AIDS AND SERVICES

Accommodations, aids, services, assistive technology and other supports that are provided to avoid removing the student from regular education classes, other education-related settings and extracurricular and non-academic settings. (May include routine checking of hearing aids and external components of surgically implanted devices.)

Supplementary Aids & Services <input type="checkbox"/> N/A	Start Date	Explanation of Frequency, Duration, and Location
Supplementary aids and services includes paraprofessional support, behavior intervention plans, etc. that are delivered throughout the student's school day across all locations.		

Name of Student		Date of IEP Meeting	
D. PROGRAM MODIFICATIONS AND SUPPORTS FOR SCHOOL PERSONNEL Modifications to be provided to enable the student to advance appropriately towards attaining the annual goals, be involved and make progress in the general education curriculum, and participate in extracurricular and nonacademic activities.			
Program Modifications <input type="checkbox"/> N/A	Start Date	Explanation of Frequency, Duration, and Location	
This section may address things like modifications to grading policies, code of conduct, or attendance policies.			
Supports for School Personnel <input type="checkbox"/> N/A	Start Date	Explanation of Frequency, Duration, and Location	
LEAST RESTRICTIVE ENVIRONMENT			
A student with a disability shall be removed from the regular education environment only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. 34 C.F.R. §§300.114 through 300.117.			
		YES	NO
<ul style="list-style-type: none"> • The educational placement is based on the student’s IEP. <input type="checkbox"/> YES <input type="checkbox"/> NO • The student is unable to be satisfactorily educated in the general education environment for the entire school day. If yes, then answer the following: <ul style="list-style-type: none"> ○ Removal from the regular environment is necessary based on the nature or severity of the student’s disability, not the need for modifications in the general curriculum. <input type="checkbox"/> YES <input type="checkbox"/> NO • The educational placement is as close as possible to the student’s home. <input type="checkbox"/> YES <input type="checkbox"/> NO • The educational placement is in the school that the student would attend if he/she did not have a disability. <input type="checkbox"/> YES <input type="checkbox"/> NO • The IEP team considered any potential harmful effect of the educational placement on the student or on the quality of needed services. <input type="checkbox"/> YES <input type="checkbox"/> NO • The student has the opportunity to participate in extracurricular and nonacademic activities with nondisabled students. <input type="checkbox"/> YES <input type="checkbox"/> NO 			
JUSTIFICATION: Considering Sections A through D and the questions above, justify the removal of the student from the regular education environment (including for any ESY services): <div style="color:red; font-size:small;"> The questions above should be answered in order to formulate the justification. This section requires more than a description. Consider supplementary aids and services that can be provided to help the student remain in the LRE. Why CAN’T the student be educated in the LRE? Once the team determines that the student can’t be successfully educated in the LRE, then ask: What is the least restrictive placement on the continuum appropriate to meet the student’s needs? </div> <div style="color:red; font-size:small;"> NOTE: Placement is different than location. Placement refers to the bundle of services delivered in the LRE. </div>			

Name of Student	Date of IEP Meeting
PARTICIPATION IN STATE AND DISTRICT-WIDE ASSESSMENTS	
Determine how the student will participate in State and district wide assessments consistent with 34 C.F.R. §300.320(a)(6).	
<input type="checkbox"/> N/A (check if student is in preschool) <input type="checkbox"/> Student is in a grade where State assessments are not given. <input type="checkbox"/> Student is in a grade where district wide assessments are not given. <input type="checkbox"/> Student participates without accommodations: <input type="checkbox"/> The IEP team has determined the student will participate in the following assessments without test accommodations. (check all that apply) <input type="checkbox"/> Statewide Assessment(s) <input type="checkbox"/> District-wide assessment(s) <input type="checkbox"/> Student participates with accommodations: <input type="checkbox"/> The IEP team has determined the student will participate in the following assessments with test accommodations. Selection of test accommodations for the student must be made in accordance with the identified standard accommodations for each assessment given. (Attach list of allowable accommodations, and check all that apply) <input type="checkbox"/> State-wide Assessment(s) <input type="checkbox"/> District-wide Assessment(s) <input type="checkbox"/> Student participates in alternate assessments: <input type="checkbox"/> The IEP team has determined the student will take an alternate assessment consistent with 34 C.F.R. §300.320(a)(6)(ii). The student will participate in: <input type="checkbox"/> Alternate State Assessment(s) <input type="checkbox"/> Alternate District-wide Assessment(s) <input type="checkbox"/> Explain why the student must participate in alternate assessments. (The Guidelines for Participation in Wyoming's Alternate Assessment for Students with Significant Cognitive Disabilities must be utilized for this determination.)	
IEP TEAM MEMBER PARTICIPATION	
List IEP team members attending or participating by alternate means in the IEP meeting.	
Parent	Student
Special education teacher of the student	Regular education teacher of the student
School district representative	An individual who can interpret evaluation results
Agency representative	Agency representative
Other	Other
Other	Other
PROVIDE TO PARENT	
<input type="checkbox"/> Copy of IEP. 34 C.F.R. §300.322(f) Date Provided: _____ Staff Initials: _____	<input type="checkbox"/> Procedural Safeguards Notice. 34 C.F.R. §300.304(a) Date Provided: _____ Staff Initials: _____