INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Duration of Special Education and Related Services:  From: _____/_____/_____ To: _____/_____/_____

Student: ____________________________________________ DOB: _____/_____/_____

School: ____________________________________________ Grade: ________

I. Area of Eligibility

( ) Autism  ( ) Mental Disabilities  ( ) Speech-Language Impairment
( ) Behavioral-Emotional Disabilities  ( ) EMD  ( ) S/PMD  ( ) TMD  ( ) Traumatic Brain Injury
( ) Deaf-Blindness  ( ) Orthopedic Impairment  ( ) Developmental Delay
( ) Hearing Impairment  ( ) Other Health Impairment  ( ) Visual Impairment
( ) Multiple Disabilities  ( ) Specific Learning Disabilities

A. Additional Area(s) of Need:

II. Consideration of Special Factors

A. Student’s overall strengths:

B. Parent’s concerns, if any, for enhancing the student’s education:

C. Special factors to be considered:
   Does the student have behavior(s) that impede his/her learning or that of others?
   ( ) Yes  ( ) No

   Does the student have Limited English Proficiency?
   ( ) Yes  ( ) No

   If the student is blind or partially sighted will the instruction in or use of Braille be needed?
   ( ) Yes  ( ) No

   Does the student have any special communication needs? (If the student is deaf or hard of hearing, see directions.)
   ( ) Yes  ( ) No

   Does the student require assistive technology devices and /or services?
   ( ) Yes  ( ) No

D. Other factors to be addressed:
   ___ Does the student require adapted physical education?
   ( ) Yes  ( ) No

   ___ Is the student’s age 14 or older, or will the student turn 14 during the duration of the IEP?
   ( ) Yes  ( ) No

      If yes, transition services:
      ______ component attached ______ stated in the IEP

   ___ Has the student been informed of his/her own rights, if age 17 and older?
   ( ) Yes  ( ) No
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III.  Present Level(s) of Educational Performance: Include specific descriptions of strengths and needs that apply to current academic performance, behaviors, social/emotional development, other relevant information, and how the student’s disability affects his/her involvement and progress in the general curriculum.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

IV.  A. Annual Goal

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

B. Benchmarks or Short Term Objectives

______________________________________________________________________________

C. How progress toward the annual goal will be measured:

______________________________________________________________________________
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V. Least Restrictive Environment (Placement)

A. Appropriate supplementary aids, services, and modification(s)/accommodations for instruction and testing and/or supports for school personnel, if any:

a. grading  f. read aloud*  k. Braille/braillewriter*  q. computerized adaptive*  v. student marks in book*
b. modified assignments  g. extended time*  l. preferential seating  r. interpreting/transliterating*  w. study guides
c. alternative materials  h. portfolio  m. video cassette  s. demonstration teaching  x. multiple test sessions*
d. graphic organizers  i. large print*  n. Crammer-Abacus*  t. assistive devices*  y. testing-separate room*
e. tech. assist./in-service  j. audio tapes  o. dictation to a scribe*  u. computer/typewriter  z. one test item per page*
f. magnification devices  g. word processor*  h. Other  i. Similar

NOTE: Only the accommodations with an (*) are approved by the N.C. Testing Program for test validity. Exception - Use of the read aloud accommodation on the EOG and EOC Reading Tests invalidates the score. When adding accommodations that are not listed above, consult the testing manual for test validity. NAEP: Participation in the NAEP is voluntary. If it is anticipated that the student will be included in the NAEP administration and will take it with accommodations, review and select the appropriate accommodations from the list in the testing manual.

1. Regular Program Participation: Circle the regular class(es) and activities in which the student is enrolled and list the letters for any modifications in the blank provided.

___ Reading  ___ Library  ___ History  ___ Foreign Language  ___ Recess
___ English  ___ Music/Art  ___ Science  ___ Physical Education  ___ Homeroom
___ Spelling  ___ Economics  ___ Health  ___ Chapter 1  ___ Vocational
___ Math  ___ Social Studies  ___ Writing  ___ Remediation  ___ Other
___ Lunch  ___ Assemblies  ___ Language Arts  ___ Extracurricular Activities

2. North Carolina Testing Program: List the letter(s) of any accommodations on the line provided.

( ) Regular Test Administration ( ) Test Administration with Accommodations
( ) N.C. Alternate Assessment Academic Inventory
( ) N.C. Alternate Assessment Portfolio
( ) Computer Skills Test
( ) Computer Skills Portfolio
( ) National Assessment of Educational Progress (NAEP)

If a student is taking an alternate assessment, why is the regular testing not appropriate? _____________________________

Comments (if needed): _____________________________

For preschool children, describe how the child is involved in a regular program. _____________________________

B. Anticipated Frequency and Location of Services:

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Sessions Per: Week or Month or Reporting Period</th>
<th>Amount of Time Per Session</th>
<th>Location</th>
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<tbody>
<tr>
<td>Special Education</td>
<td>_____ _____ ______</td>
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<td>Related Services ( ) Counseling Services</td>
<td>_____ _____ _____</td>
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<tr>
<td>( ) Occupational Therapy</td>
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<td>( ) Physical Therapy</td>
<td>_____ _____ _____</td>
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<tr>
<td>( ) Speech-Language</td>
<td>_____ _____ _____</td>
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<tr>
<td>( ) Other</td>
<td>_____ _____ _____</td>
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<tr>
<td>( ) Transportation</td>
<td>_____ _____ _____</td>
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<td>( ) None</td>
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C. **Continuum of Alternative Placements:** Check the alternative placements considered by the committee, and circle the decision reached.

**School Age**
- ( ) Regular-80% or more of the day with non-disabled peers
- ( ) Resource-40% - 79% of the day with non-disabled peers
- ( ) Separate-39% or less of the day with non-disabled peers
- ( ) Public Separate School

**Preschool**
- ( ) Early Childhood Setting
- ( ) Part-Time Early Childhood/Part-Time Early Childhood Special Education
- ( ) Early Childhood Special Education Setting
- ( ) Separate Setting

- ( ) Private Separate School
- ( ) Public Residential
- ( ) Private Residential
- ( ) Home/Hospital
- ( ) Residential Setting
- ( ) Home
- ( ) Itinerant Service Outside Home
- ( ) Reverse Mainstream Setting

D. If the student will be removed from his/her non-disabled peers for any part of the day (regular class, extracurricular activities non-academic activities), explain why.

VI. **Explain how and when parents will be informed of the student’s progress toward annual goals:**

VII. **Extended School Year Status**
- ( ) Is not eligible for extended school year
- ( ) Is eligible for extended school year
- ( ) Eligibility is under consideration and will be determined by ____/____/____

VIII. **IEP Team. The following were present and participated in the development and writing of the IEP.**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Position</th>
<th>Date</th>
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<tbody>
<tr>
<td></td>
<td>LEA Representative</td>
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IX. **IEP Addendum Team. The following were present and participated in the development and writing of the IEP.**

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X. **Reevaluation. The IEP was reviewed at reevaluation and was found to be appropriate. An annual review of this IEP will be conducted on or before ____/____/____.**

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Copy to: Parent(s) / EC File

Revised 7/04