INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student Name:_____ Date:_____

Student #:_____DOB:_____Age:_____

Grade Level:_____ Gender: ☐ M ☐ F Ethnicity:_____

Parent(s)/Guardian(s):_____

Address:_____

Home Phone:_____Work/Message Phone:_____

School:_____School Phone:_____

School Address:_____

Most Recent Evaluation Report Date:_____Next Evaluation Report Date:_____

IEP Purpose:_____ Next Annual IEP Date: _____

Based on assessment and evaluation information:

The **primary** exceptionality is:_____

Identified areas of need: ☐ Math ☐ Reading ☐ Written Language ☐ Behavior

☐ Other:_____

The **secondary** exceptionality is:_____

Identified areas of need: ☐ Math ☐ Reading ☐ Written Language ☐ Behavior

☐ Other:_____

STUDENT PROFILE

What do the parent and student envision as the student's future?

Employment:_____

Community Participation:_____

Recreation & Leisure:_____

Post-Secondary Training & Learning:_____

Daily/Independent Living:_____

Student/Family Vision Statement: _____

_____

_____

_____

_____

Note: When completing this section the IEP team must consider and describe the following: the **student's strengths and concerns** as identified by the parent, student, teachers, related service staff, and other team members; results from district and statewide assessments; results from initial and most recent multi-disciplinary evaluations; results from any evaluations provided by the parents or guardians; and any extracurricular and non-academic areas that may be affected.

Domain	**Strengths**	**Concerns / Recommendations**
Academic: (input from the general and special education teachers)		
Recreation & Leisure: (extra-curricular and non-academic)		
Community Participation:		
Home/ Independent Living:		
Jobs and Job Training:		
Post-Secondary Training or Learning:		
Other Areas: (health considerations, communications, motor, emotional or behavioral, assistive devices needs, attendance)		

TRANSITION SERVICES

Course of Study (Required beginning by age 14, or sooner if appropriate)

School Year	**Year**	**Courses Selected for High School Program**
	Yr. 1	
	Yr. 2	
	Yr. 3	
	Yr. 4	
Ages 18-21		

The student's planned program of study meets the requirements for

☐ Standard Pathway ☐ Career Readiness Pathway ☐ Ability Pathway

For the Career Readiness Pathway:

Explain why the Standard Pathway was rejected:_____

_____

_____

_____

_____

Note: The team is responsible for documenting progress on all five Career Readiness Standards on the IEP goals/objectives pages.

For the Ability Pathway:

Explain why the Standard and Career Readiness Pathways were rejected: _____

_____

_____

_____

_____

_____

For all Pathways:

Projected date of graduation:_____

Is the student on target with graduation requirements? ☐ **YES** ☐ **NO**

If **NO**, what are the concerns (credits, NMHSCE, attendance or behavior concerns) and how will they be addressed?_____

_____

_____

_____

For a Certificate, the IEP Team must agree:

☐ The student's program and instruction have been appropriate

☐ The student has maintained realistic efforts to meet IEP goals

☐ The student has successfully completed four or more years of high school

☐ The student can participate equitably in all graduation activities

☐ The student has a follow-up plan of action in the form of a transition IEP

Projected date of graduation for the student:_____

TRANSITION SERVICES/INTERAGENCY LINKAGE

Needed to Accomplish Desired Post-School Outcomes
(Required beginning at age 16, or sooner if appropriate)

Student Needs	Activities/Strategies	Agency/ Responsibility	Provider/ Payer
Instruction:			
Related Services:			
Community Experiences:			
Employment or Post-School Options:			
Independent Living:			
Functional Vocational Assessment:			

Will the student need involvement from any outside agency in order to make a successful transition?

☐ **YES** ☐ **NO** If **NO**, explain: _____

PRESENT LEVELS OF PERFORMANCE
Educational and/or Behavioral

1) Area of Need: ☐ Math ☐ Reading ☐ Written Language ☐ Behavior
☐ Other:_____

Present Level of Performance: _____

2) Area of Need: ☐ Math ☐ Reading ☐ Written Language ☐ Behavior
☐ Other:_____

Present Level of Performance: _____

3) Area of Need: ☐ Math ☐ Reading ☐ Written Language ☐ Behavior
☐ Other:_____

Present Level of Performance: _____

4) Area of Need: ☐ Math ☐ Reading ☐ Written Language ☐ Behavior
☐ Other:_____

Present Level of Performance: _____

_____

_____

_____

_____

_____

_____

_____

5) Area of Need: ☐ Math ☐ Reading ☐ Written Language ☐ Behavior
☐ Other:_____

Present Level of Performance: _____

_____

_____

_____

_____

_____

_____

_____

6) Area of Need: ☐ Math ☐ Reading ☐ Written Language ☐ Behavior
☐ Other:_____

Present Level of Performance: _____

_____

_____

_____

_____

_____

_____

_____

ANNUAL GOALS AND SHORT-TERM OBJECTIVES OR BENCHMARKS

Area of Need: ☐ Math ☐ Reading ☐ Written Language ☐ Behavior
☐ Other _____

Reference from New Mexico's Standards for Excellence: _____

ANNUAL GOAL: (include timeframe, conditions, behavior, criteria for mastery) **Date Initiated** _____

_____
_____
_____
_____

☐ OBJECTIVE *or* ☐ BENCHMARK : _____
_____
_____ ✓ if Transition Activity ☐
Criteria for Mastery: _____
Anticipated Date of Mastery: _____ Position/Agency Responsible:_____
Methods of Measurement: _____
Progress Documentation (Note date and progress for each progress period) _____
_____
_____
_____

☐ OBJECTIVE *or* ☐ BENCHMARK : _____
_____
_____ ✓ if Transition Activity ☐
Criteria for Mastery: _____
Anticipated Date of Mastery: _____ Position/Agency Responsible:_____
Methods of Measurement: _____
Progress Documentation (Note date and progress for each progress period) _____
_____
_____
_____

☐ OBJECTIVE *or* ☐ BENCHMARK : ______________________________

____

______________________________ ✓ if Transition Activity ☐

Criteria for Mastery: ______________________________

Anticipated Date of Mastery: ____________ Position/Agency Responsible: ____________

Methods of Measurement: ______________________________

Progress Documentation (Note date and progress for each progress period) ______________

____

____

____

☐ OBJECTIVE *or* ☐ BENCHMARK : ______________________________

____

______________________________ ✓ if Transition Activity ☐

Criteria for Mastery: ______________________________

Anticipated Date of Mastery: ____________ Position/Agency Responsible: ____________

Methods of Measurement: ______________________________

Progress Documentation (Note date and progress for each progress period) ______________

____

____

____

☐ OBJECTIVE *or* ☐ BENCHMARK : ______________________________

____

______________________________ ✓ if Transition Activity ☐

Criteria for Mastery: ______________________________

Anticipated Date of Mastery: ____________ Position/Agency Responsible: ____________

Methods of Measurement: ______________________________

Progress Documentation (Note date and progress for each progress period) ______________

____

____

____

CONSIDERATION OF SPECIAL FACTORS

Is the student visually impaired (including blindness)? ☐ **YES** ☐ **NO**

If **YES**, is: ☐ Instruction in Braille needed ☐ Use of Braille needed

Does the student have special oral and/or written communication needs? ☐ **YES** ☐ **NO**

If **YES**, describe the needs and services to be provided: _____

_____

_____

Is the student deaf or hard of hearing? ☐ **YES** ☐ **NO**

If **YES**, describe the needs and services to be provided:_____

_____

Does the student have limited English proficiency? ☐ **YES** ☐ **NO**

If **YES**, describe the relationship of language needs to the IEP: _____

_____

_____

Does the student have assistive technology needs? ☐ **YES** ☐ **NO**

If **YES**, describe devices and/or services required: _____

_____

_____

Does the student exhibit behaviors that impede his or her learning or that of others? ☐ **YES** ☐ **NO**

If **YES**, the IEP team must consider the following questions, then decide which discipline method is most appropriate for the student.

1. What positive behavior interventions, accommodations, and/or annual goals with short-term objectives or benchmarks are included in the IEP?
2. Does a Functional Behavioral Assessment need to be conducted?
3. Does the student need a Behavioral Intervention Plan (BIP)?

DISCIPLINE

Which of the following discipline provisions is most appropriate for this student?

☐ The student will follow the school-wide discipline plan.

☐ The student requires the modifications described in this IEP under ANNUAL GOALS and/or INSTRUCTIONAL ACCOMMODATIONS.

☐ The student requires a Behavioral Intervention Plan. (Attach BIP to this IEP).

MEDICAL/SIGNIFICANT HEALTH INFORMATION

Medication:_____

_____

Significant Health Information: _____

_____

_____

_____

_____

_____

_____

Does the student require an individualized health plan or school health services as a related service?

☐ **YES** ☐ **NO** If **YES**, attach the plan to the IEP and/or indicate on the *Schedule of Services*.

Physical Education: ☐ Regular ☐ Regular, with accommodations ☐ Adapted

_____

_____

Mobility: Does the student require assistance to move in and around the school? ☐ **YES** ☐ **NO**

If **YES**, describe:_____

_____

_____

Transportation: Does the student require transportation as a related service? ☐ **YES** ☐ **NO**

If **YES**, what accommodations and supports are required for the student to be transported with non-disabled peers in the Least Restrictive Environment (LRE)? _____

_____

_____

If the student's transportation needs are extensive and he/she cannot be transported with non-disabled peers, explain why and identify the required accommodations and supports:_____

_____

_____

_____

LEAST RESTRICTIVE ENVIRONMENT

Impact Statement:

How does the impairment/exceptionality impact the student's ability to be involved in and progress in the general curriculum without supports and services from special education? Use information provided by all IEP team members to **describe how the student's impairment/exceptionality impacts his or her** ability to be involved in and progress in the general curriculum:

_____

_____

Can the student be served 100% in regular classrooms, with supports? ☐ **YES** ☐ **NO**

If **YES**, describe the support needed on the SCHEDULE OF SERVICES.

If **NO**, explain why:_____

Can the student be served in some combination of regular classroom(s) and segregated classrooms?

☐**YES** ☐ **NO** If **YES**, describe the placement on the SCHEDULE OF SERVICES.

If **NO**, explain why:_____

Can the student be served in on-campus segregated classrooms? ☐ **YES** ☐**NO**

If **YES**, describe the placement on the SCHEDULE OF SERVICES. If the placement is not in the neighborhood school, explain why and identify the neighborhood school:_____

_____

If **NO**, explain why:_____

The student can only be served in an off-campus segregated setting.

Describe the placement:_____

Explain the reasons:_____

_____

EXTENDED SCHOOL YEAR (ESY)

Does the student exhibit severe or substantial regression that cannot be recouped within a reasonable time period in one or more of the critical areas addressed in the goals and objectives?

☐ **YES** ☐ **NO** If **YES**, documentation must be attached to the ESY ADDENDUM.

PARTICIPATION IN MANDATED DISTRICT AND STATE TESTING

☐ Standardized Administration—No Accommodations

☐ Standardized Administration—Category 1 Accommodations *Specify*: _____

_____

☐ Non-Standardized Administration—Category 2 Accommodations *Specify*: _____

_____

☐ Alternate Assessment—Attach ALTERNATE ASSESSMENT ADDENDUM/ supporting documents.

SCHEDULE OF SERVICES

If this IEP bridges parts of two school years, please complete this page twice, separating the services to be delivered in each school year.

Activities with students without disabilities	**Regular Education Services**
☐ Recess ☐ Lunch/Breakfast ☐ Music ☐ Art ☐ Library ☐ PE ☐ Assemblies ☐ Vocational ☐ Other	Accommodations Needed ☐ Subject: _____ ☐ YES ☐ NO ☐ Subject: _____ ☐ YES ☐ NO ☐ Subject: _____ ☐ YES ☐ NO ☐ Subject: _____ ☐ YES ☐ NO ☐ Subject: _____ ☐ YES ☐ NO ☐ Subject: _____ ☐ YES ☐ NO If YES, complete INSTRUCTIONAL ACCOMMODATIONS section.

Special Education & Related Services	**Hours/ Week***	**Start Date**	**Ending Date**	**Service Provider**	**Location**	
					Regular	**Segregated**
Time Totals						

Supplementary Aids and Services	**Hours/ Week***	**Start Date**	**Ending Date**	**Service Provider**	**Location**	
					Regular	**Segregated**

Supports for School Personnel	How Often	Start Date	Ending Date	Service Provider	Location

*If service is delivered on a basis other than weekly, identify the service and the service frequency:

_____Parent Initials:_____

Are there any possible adverse effects/safety issues related to this placement? ☐ **YES** ☐ **NO**

Does the student have any special needs related to emergency evacuation? ☐ **YES** ☐ **NO**

If **YES**, what are they?_____

_____

Evacuation / Remediation plan_____

_____

LEVEL OF SERVICE

X = The total number of hours per week of special education service _____
Y = The total number of hours in a typical school week, (excluding lunch and recess) _____
Level of service = **X** divided by **Y** (express as percent) _____

☐ 10% or less of school day (Level 1-min)	☐ 11% - 49% of the school day (Level 2-mod)
☐ 50% of the day or more (Level 3-ext)	☐ Up to a full day or 3Y/4Y (Level 4-max)

Example: X = 6 hrs./wk Y = 30 hrs./wk. 6 divided by 30 = .2 (20%) = Level 2 (moderate)

SETTING

a = Total number of hours per week in segregated location _____
b = Total number of hours in a typical week (excluding, lunch and recess) _____
Setting = **a** divided by **b** (express as a percent) _____

☐ Removed from regular class 20% or less of the day (Setting 1)

☐ Removed from regular class 21%-60% of the day (Setting 2)

☐ Removed from regular class 61% or more of the day (Setting 3)

☐ Other settings (Specify)

Example: 1) 2 hrs./wk. 2) 30 hrs./wk. 2 divided by 30 = .06 (6%) = Setting 1

INSTRUCTIONAL ACCOMODATIONS OR MODIFICATIONS

The IEP team has determined that the identified accommodations and/or modifications are appropriate in the following areas: _____

_____

Environment:_____

_____

_____

_____

Instructional Material:_____

_____

_____

_____

Assignments/Homework: _____

_____

_____

_____

Testing: _____

_____

_____

_____

_____

Behavior Management:_____

_____

_____

_____

_____

_____

_____

Instructional Presentation Mode: _____

_____

_____

_____

Instructional Strategies: _____

_____

_____

_____

Student Response Mode:_____

_____

_____

_____

Other:_____

_____

_____

_____

Grades will be determined by _____

_____

_____

Grades will be based on _____

_____

In case of a failing grade _____

_____

_____

IEP PROGRESS DOCUMENTATION

Inform parents of their child's progress toward annual goals in the IEP and the extent to which that progress is sufficient to enable the child to achieve the goals by the end of the year. Progress must be reported at least as often as progress is reported to parents of non-disabled children.

How will the child's parents be regularly informed of progress toward annual goals?_____

_____

How often will progress be reported to parents?

☐ mid-quarter ☐ quarterly ☐ semester ☐ other_____

MEETING PARTICIPANTS

Signature	Role	Date
	Student	
	Parent/Guardian	
	Parent/Guardian	
	LEA Representative	
	Special Education Teacher	
	Regular Education Teacher	
	Qualified evaluator of test results, if appropriate	

PARENT RIGHTS

I have had the opportunity to participate in the development of this Individualized Education Program (IEP) and the recommended placement and services for my child. The information was presented in an understandable manner. I have received a copy of "Parent and Child Rights in Special Education."

(Parent Initials)_____

AGE OF MAJORITY

_____will reach the age of majority (18 in New Mexico) on (date)_____
The student and parent/guardian were informed on (date) _____of the student's rights upon reaching the age of majority.

CASE MANAGER/IEP TEAM COORDINATOR

_____is responsible for ensuring that everyone involved in implementing this IEP has access to necessary information and is informed of his/her specific responsibilities for providing the accommodations/modifications the student requires to benefit from his/her educational program.

PRIOR WRITTEN NOTICE OF PROPOSED ACTIONS

Federal and State Legislation require that the public agency provide the parent/guardian with notification a reasonable amount of time before actions occur that would initiate or change the identification, the evaluation, the educational placement, or the provision of a free appropriate public education for this student. If the student is under 18 the parent/guardian is provided a copy of this notice. If the student is 18 years of age or over and does not have a legal guardian, it is his/her right to accept or refuse these proposed actions.

An IEP meeting was held on _____ to discuss special education services for this student. The following data were reviewed:

- ☐ Student input
- ☐ Parent input
- ☐ Teacher input
- ☐ Classroom performance
- ☐ Classroom observation
- ☐ School records
- ☐ Developmental screening
- ☐ Developmental case history
- ☐ Hearing screening: (date)_____
- ☐ Vision screening: (date)_____
- ☐ Previous IEP/evaluation: (date)_____
- ☐ Language dominance
- ☐ Functional vision evaluation
- ☐ Counseling evaluation
- ☐ Achievement test: (name/date) _____
- ☐ Speech/Language evaluation: (name/date)_____
- ☐ Occupational therapy evaluation: (name/date)_____
- ☐ Physical therapy evaluation: (name/date)_____
- ☐ Psychological evaluation: (name/date)_____
- ☐ Intellectual assessment: (name/date)_____
- ☐ Medical information:_____
- ☐ Other:_____
- ☐ Other:_____

At this IEP meeting, the following proposals and/or options were suggested by the **public agency** and/or the **parent(s)/guardian(s)**.

All Items Proposed All Options Considered	**Accept (√)**	**Reject (√)**	**Reason for Acceptance or Rejection**

All Items Proposed All Options Considered	**Accept (√)**	**Reject (√)**	**Reason for Acceptance or Rejection**

To the Parent/Guardian:

This IEP contains a proposal for:

☐ Initial Evaluation ☐ Initial Delivery of Services ☐ Re-evaluation

The above proposed-action(s) requires your consent. ***Do you give consent for the school district to proceed with the action(s) indicated?*** ☐ Yes ☐ No _____

(Parent Signature)

Have you received a copy of and understand your parent rights? ☐ Yes ☐ No If you did not receive a copy of your procedural safeguards, contact the following person in your school district:

Name:_____Phone:_____

If you do not understand the content of this IEP and/or Prior Written Notice, or if you disagree with the proposed IEP recommendations, please contact

Name:_____Phone:_____

For assistance in understanding your procedural safeguards/due process rights, you may contact:

School District Contacts	**New Mexico State Department of Education**	**Parent Advocacy Support**
	Special Education Office Phone: 505-827-6541 Fax: 505-827-6791	

If required, the content of this notice was translated in the parents'/student's primary language or mode of communication on *(date)* _____ by *(name)* _____ using *(method: written, oral, sign language, etc.)* _____.