



Individualized Education Program

Student:	Student UID#	DOB:
School:	Grade:	Age:
Primary Eligibility:		Secondary Eligibility:

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Meeting Purpose: Initial Annual Review Addendum

Meeting Date:	
From:	To:

Student Profile

Student's overall strengths that contribute to success in the educational environment:

Parental concerns, if any, about their child's academic and functional performance in school:

Parent /student's vision for the future: (Include, specifically, vision for after high school, if appropriate.)



Present Level(s) of Academic and Functional Performance

Complete the current descriptive information by using norm-referenced, criterion-referenced, or any other valid data sources, as well as descriptive information for each of the relevant areas. Include current academic and functional performance, behaviors, social/emotional development, transition and other pertinent information. All areas assessed should be addressed and a determination made as to whether the data indicates an area is in need of specially designed instruction.

AREA(S) IN NEED OF SPECIALLY DESIGNED INSTRUCTION (SDI) must be addressed within the IEP (e.g. annual goals, accommodations, specially-designed instruction, behavior intervention plan, etc.)

Area(s) Assessed	Source of Relevant Information Include date of assessment and baseline data. Scores should be self-explanatory. If not, an explanation must be included.	AREA(S) IN NEED OF SDI Yes / No

Present Level of Performance:

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Present Level of Performance:



Individualized Education Program

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Present Level of Performance:

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Present Level of Performance:

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Describe any relevant medical information:

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Describe how the disability impacts involvement and progress in the general curriculum:

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Consideration of Special Factors:	YES / NO	If yes, location in the IEP (examples: goals, services, accommodations, communication plan worksheet)
Is the student an English Learner?	<input type="checkbox"/>	
Additional information:		
Does the student have any special communication needs?	<input type="checkbox"/>	
Additional information:		
Does the student require assistive technology devices or services?	<input type="checkbox"/>	
Additional information:		
Does the student have a documented visual impairment including blindness?	<input type="checkbox"/>	
Additional information:		
For the student with a documented visual impairment including blindness, is the instruction in or use of braille required?	<input type="checkbox"/>	
Additional information:		
Does the student have a documented hearing loss? If yes, the IEP Team has considered each of the following using the Communication Plan Worksheet: <ul style="list-style-type: none"> ○ The child's language and communication needs; ○ Opportunities for direct communications with peers and professional personnel in the child's language and communication mode ○ Academic level ○ Full range of needs, including opportunities for direct instruction in the child's language; and ○ Communication mode. 	<input type="checkbox"/>	
Additional information:		



Individualized Education Program

Does the student have behavior(s) that impede his/her learning or that of others? If yes, how is behavior being addressed? <input type="radio"/> Behavior Intervention Plan (BIP) <input type="radio"/> Behavior goal(s) <input type="radio"/> Accommodations			
Additional information:			
Does the student require Adapted Physical Education (APE)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Information:			
Is the IEP Team considering instruction on the Extended Content Standards for this student?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the Alternate Assessment Eligibility Worksheet must be completed by the IEP Team.	
Additional Information:			
Is the student instructed towards Extended Content Standards & participating in the Alternate Achievement Assessment?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the Alternate Assessment Assurance Document must be completed by the IEP Team.	
Additional Information:			

Additional Parent Concerns Yes No

If parent(s) express additional concerns after discussion of Present Level / Data Review and Special Factors, return to page one and record their concerns.

Supports for academic, functional, personal changes or circumstances (if applicable):

What information is known about the student that will assist in developing an individualized education program? Not applicable at this time

Secondary Transition

The student is 14 years or older or will be during the duration of the IEP: Yes No

The following people provided information about the student's needs, strengths, preferences and interests and course of study selection:

- Student Parent(s), Guardian(s), and Family Members School Staff
- Adult Service Agency Representative: (specify) _____
- Other: (explain) _____

Course(s) of Study:

Complete beginning at age 14 (or 8th grade) and updated annually.

C: EC File, Parent/Guardian/Student

Student ID#: _____



Individualized Education Program

- Future Ready Core Course of Study: Leading to a NC Diploma
- Future Ready Occupational Course of Study: Leading to a NC Diploma
- Extended Content Standards: Leading to Graduation Certificate

Complete beginning at age 16 (or earlier, as appropriate) and updated annually.

Postsecondary Goals and Supports:

Postsecondary goals are based upon age appropriate transition assessments as described in the present level of academic and functional performance. Indicate any activities and/or supports needed to assist student in making progress towards postsecondary goals (after high school) during the span of this IEP and the person (people) responsible for assuring these activities and/or supports are achieved.

Postsecondary Goals		
Education/Training	After high school, [Student] will:	
Employment	After high school, [Student] will:	
Independent Living (if appropriate)	After high school, [Student] will:	
Postsecondary Supports		
Transition Services	Transition Activities	Responsible Person(s) or Agency
Instruction:		
Related Services:		
Community Experiences:		
Employment Development:		
Daily Living Skills: (if appropriate)		



Functional Vocational Evaluation: (if appropriate)		
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If the student is age 17 or younger during the life of this IEP, has the parent/guardian(s) and student have been informed of his/her rights will transfer to the child upon reaching age 18?
 Yes N/A

If the student is age 18 or older during the life of this IEP, the parent/guardian(s) and student have been notified that the rights have transferred. Yes N/A

Measurable Annual Goals

Academic and/or functional goals should be designed to meet the student's unique needs. Goals should be clearly defined and measurable. For students who take alternative assessments aligned to alternative achievement standards, include a description of benchmarks or objectives.

Specific Area of Need				
Observable Skills/Behavior	Criteria for Mastery	Method of Measuring Progress	Assistive Technology (y/n)	Related to Transition Goals (y/n)

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Specific Area of Need	
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Individualized Education Program

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Least Restrictive Environment

Description of Specially Designed Instruction and Related Services

Indicate the least restrictive environment in which the student can achieve the goal(s).

Specially Designed Instruction:

Service	Amount of Time in Minutes	Frequency	Location	Duration	
				Begin	End

Related Services:

Service	Amount of Time in Minutes	Frequency	Location	Duration		Service Type
				Begin	End	
						<input type="checkbox"/> Goal <input type="checkbox"/> Supplemental Aids/Services (Time and frequency are not required for SAS)
Describe the Supplemental Aids and Services, including frequency, to be provided on behalf of or to the student.						
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						<input type="checkbox"/> Goal <input type="checkbox"/> Supplemental Aids/Services (Time and frequency are not required for SAS)



Individualized Education Program

Describe the Supplemental Aids and Services, including frequency, to be provided on behalf of or to the student.

						<input type="checkbox"/> Goal <input type="checkbox"/> Supplemental Aids/Services (Time and frequency are not required for SAS)
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Describe the Supplemental Aids and Services, including frequency, to be provided on behalf of or to the student.

Transportation is required as a related service.

Describe special transportation services.

Supplemental Aids/Services/Accommodations/Modifications:

In the space provided, list the subject/activity area in which the student will participate and the supplemental aids, supports, modification, and/or accommodations required (if applicable) to access the **general curriculum** and make progress toward meeting annual goals. If supplemental aids/services, modifications/accommodations and/or assistive technology will be provided in **special education** classes, include in the table below.

Specific Area(s) of Need	Supplemental Aids/Services Accommodations/Modifications	Implementation Specifications	Implementation Subject/Activity Areas



Individualized Education Program

If the student is in preschool, describe how the student is involved in the general education program. NA

Supports for school personnel:

Describe consultation and/or training for school staff to meet the unique needs of the student.

State and District-wide Testing:

For each subject tested in the child's grade, choose the method of assessment below. If "with accommodations" is chosen for any subject, provide description of the accommodations for each subject in the right columns. Alternate Assessment, if chosen, must apply to all tests taken.

Statewide Test	District Test	Testing Method	Accommodations	Specifications
		<input type="checkbox"/> Standard Administration <input type="checkbox"/> With Accommodations <input type="checkbox"/> Alternate Assessment		
		<input type="checkbox"/> Standard Administration <input type="checkbox"/> With Accommodations <input type="checkbox"/> Alternate Assessment		
		<input type="checkbox"/> Standard Administration <input type="checkbox"/> With Accommodations <input type="checkbox"/> Alternate Assessment		
		<input type="checkbox"/> Standard Administration <input type="checkbox"/> With Accommodations <input type="checkbox"/> Alternate Assessment		

Alternate Assessment Justification



Individualized Education Program

If the student is participating in any alternate assessment(s), explain why the regular testing program, with or without accommodations, is not appropriate, and why the assessment is appropriate:

Least Restrictive Environment Justification

If the student will be removed from nondisabled peers for any part of the day, explain why the services cannot be delivered with nondisabled peers with the use of supplemental aids and services.

N/A The student will not be removed from nondisabled peers.

Progress Reports:

Progress Reports on IEP goals will be issued in accordance with school report card schedule. (If the IEP team determines that more frequent progress reports are needed, indicate the schedule below:)

Extended School Year Status:

ESY worksheet must be completed.

- Is not eligible for extended school year based on current data
- Is eligible for extended school year
- Eligibility is under consideration and will be determined by: ___ / ___ / ___

IEP Team Participants

The following individuals were present and participated in the IEP Team decision. (A Request to Excuse Required IEP Team Member(s) has been obtained if any of the below participants are identified as excused. Note with an asterisk (*) any team member who used alternative means to participate.)

Name	Position	Date
	Parent/Guardian/Student	
	Parent/Guardian/Student	
	LEA Representative	
	Special Education Teacher	



Individualized Education Program

	General Education Teacher	
	Interpreter of Instructional Implications of Evaluations	