

School District Name:

School District Address:

School District Contact Person/Phone #:

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## Individualized Education Program

IEP Dates: from \_\_\_\_\_ to \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID#: \_\_\_\_\_ Grade/Level: \_\_\_\_\_

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### Parent and/or Student Concerns

What concern(s) does the parent and/or student want to see addressed in this IEP to enhance the student's education?

THIS IS THE ONLY SECTION THAT PARENTS GET TO CALL THEIR OWN. PARENTS SHOULD TAKE TIME TO WRITE OUT THEIR CONCERNS SO THEY CAN BE ARTICULATE AND THEY CAN PROVIDE IT IN WRITING TO THE TEAM.

FOR STUDENTS WHO ARE AGE 14 AND ABOVE, THEY ARE ENCOURAGED TO ATTEND THE MEETING AND ADD THEIR CONCERNS.

IF THIS SECTION DOES NOT ACCURATELY REFLECT CONCERNS THE PARENT CAN ASK FOR CHANGES

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### Student Strengths and Key Evaluation Results Summary

What are the student's educational strengths, interest areas, significant personal attributes and personal accomplishments?

What is the student's type of disability(ies), general education performance including MCAS/district test results, achievement towards goals and lack of expected progress, if any?

THIS SECTION SUMMARIZES TESTING THE CHILD HAD BOTH IN AN OUT OF THE DISTRICT

THIS SHOULD INCLUDE THE STRENGTHS A CHILD EXHIBITS

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### Vision Statement: What is the vision for this student?

Consider the next 1 to 5 year period when developing this statement. Beginning no later than age 14, the statement should be based on the student's preferences and interest, and should include desired outcomes in adult living, post-secondary and working environments.

WHERE WOULD YOU LIKE TO SEE YOUR CHILD IN 1-5 YEARS

AT TIMES, THE SCHOOL AND PARENTS HAVE A DIFFERENT VISION FROM THE SCHOOL TEAM AND THEY ARE LISTED SEPARATELY

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Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID#: \_\_\_\_\_

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## Present Levels of Educational Performance

### A: General Curriculum

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Check all that apply.

**General curriculum area(s) affected by this student's disability(ies):**

- |  |  |
|--|--|
| <input type="checkbox"/> English Language Arts       | Consider the language, composition, literature (including reading) and media strands.  |
| <input type="checkbox"/> History and Social Sciences | Consider the history, geography, economic and civics and government strands.   |
| <input type="checkbox"/> Science and Technology      | Consider the inquiry, domains of science, technology and science, technology and human affairs strand.                         |
| <input type="checkbox"/> Mathematics                 | Consider the number sense, patterns, relations and functions, geometry and measurement and statistics and probability strands. |
| <input type="checkbox"/> Other Curriculum Areas      | Specify: _____   |
- 

How does the disability(ies) affect progress in the curriculum area(s)?

THIS IS WHERE WE INDICATE HOW THE DISABILITY AFFECTS THE STUDENTS PROGRESS IN THE ACADEMIC AND "SPECIALS" AREAS.

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What type(s) of accommodation, *if any*, is necessary for the student to make effective progress?

INDIVIDUALIZED TO THE STUDENT'S NEEDS  
SPECIFIC

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What type(s) of specially designed instruction, *if any*, is necessary for the student to make effective progress?

Check the necessary instructional modification(s) and describe how such modification(s) will be made.

- Content:
- Methodology/Delivery of Instruction:
- Performance Criteria: VERY SPECIFIC AND SPECIFIC TO THE DISABILITY. NOT JUST TEACHER REPORTS, PROGRESS REPORTS AND REPORT CARDS. YOU WANT THIS TO BE AN OBJECTIVE AND SPECIFIC WAY TO MEASURE PROGRESS
- 

**Use multiple copies of this form as needed.**

IEP 2

**Individualized Education Program**

IEP Dates: from \_\_\_\_\_ to \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID#: \_\_\_\_\_

**Present Levels of Educational Performance**

**B: Other Educational Needs**

**Check all that apply.**

**General Considerations**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Adapted physical education              | <input type="checkbox"/> Assistive tech devices/services | <input type="checkbox"/> Behavior  |
| <input type="checkbox"/> Braille needs (blind/visually impaired) | <input type="checkbox"/> Communication (all students)    | <input type="checkbox"/> Communication (deaf/hard of hearing students)                     |
| <input type="checkbox"/> Extra curriculum activities             | <input type="checkbox"/> Language needs (LEP students)   | <input type="checkbox"/> Nonacademic activities  |
| <input type="checkbox"/> Social/emotional needs                  | <input type="checkbox"/> Travel training                 | <input type="checkbox"/> Skill development related to vocational preparation or experience |
| <input type="checkbox"/> Other _____                             |  |  |

**Age-Specific Considerations**

- For children ages 3 to 5 — participation in appropriate activities
- For children ages 14+ (or younger if appropriate) — student's course of study
- For children ages 16 (or younger if appropriate) to 22 — transition to post-school activities including community experiences, employment objectives, other post school adult living and, if appropriate, daily living skills

How does the disability(ies) affect progress in the indicated area(s) of other educational needs?

THIS SECTION LOOKS AT HOW THE DISABILITY AFFECTS PROGRESS IN AREAS THAT ARE BEYOND STRICTLY ACADEMICS.

What type(s) of accommodation, *if any*, is necessary for the student to make effective progress?

What type(s) of specially designed instruction, *if any*, is necessary for the student to make effective progress?

Check the necessary instructional modification(s) and describe how such modification(s) will be made.

Content:

Methodology/Delivery of Instruction:

Performance Criteria:

**Use multiple copies of this form as needed.**

IEP 3

# Individualized Education Program

IEP Dates: from \_\_\_\_\_ to \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID#: \_\_\_\_\_

## Current Performance Levels/Measurable Annual Goals

Goal #	Specific Goal Focus:
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**Current Performance Level:** What can the student currently do?

WHERE IS THE CHILD PERFORMING AT THE TIME THE IEP IS WRITTEN

**Measurable Annual Goal:** What challenging, yet attainable, goal can we expect the student to meet by the end of this IEP period?  
How will we know that the student has reached this goal?

HOW IS THE CHILD GOING TO BE CHANGED AT THE END OF THE YEAR

**Benchmark/Objectives:** What will the student need to do to complete this goal?

MINI GOALS ALONG THE WAY WILL THE STUDENT MEET TO MAKE EFFECTIVE PROGRESS. VERY SPECIFIC AND MEASURABLE

Goal #	Specific Goal Focus:
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**Current Performance Level:** What can the student currently do?

**Measurable Annual Goal:** What challenging, yet attainable, goal can we expect the student to meet by the end of this IEP period?  
How will we know that the student has reached this goal?

**Benchmark/Objectives:** What will the student need to do to complete this goal?

Progress Reports are required to be sent to parents at least as often as parents are informed of their nondisabled children's progress. Each progress report must answer the following two questions for each goal:

1. What is the student's progress toward the annual goal?
2. Is the progress sufficient to enable the student to achieve the annual goal by the end of the IEP period?

**Use multiple copies of this form as needed.**

IEP 4

**Individualized Education Program**

IEP Dates: from \_\_\_\_\_ to \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID#: \_\_\_\_\_

**Service Delivery**

What are the total service delivery needs of this student?

Include services, related services, program modifications and supports (including positive behavioral supports, school personnel and/or parent training/supports). Services should assist the student in reaching IEP goals, to be involved and progress in the general curriculum, to participate in extracurricular/nonacademic activities and to allow the student to participate with nondisabled students while working towards IEP goals.

School District Cycle:  5 day cycle  6 day cycle  10 day cycle  other:

**A. Consultation (Indirect Services to School Personnel and Parents)**

Focus on Goal #	Type of Service	Type of Personnel	Frequency and Duration/Per Cycle	Start Date	End Date

**B. Special Education and Related Services in General Education Classroom (Direct Service)**

Focus on Goal #	Type of Service	Type of Personnel	Frequency and Duration/Per Cycle	Start Date	End Date

**C. Special Education and Related Services in Other Settings (Direct Service)**

Focus on Goal #	Type of Service	Type of Personnel	Frequency and Duration/Per Cycle	Start Date	End Date

Use multiple copies of this form as needed.

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## Nonparticipation Justification

Is the student removed from the general education classroom at any time? (Refer to IEP 5—Service Delivery, Section C.)

No  Yes If yes, why is removal considered critical to the student’s program?

IDEA '97 Regulation §300.550(b)(2): "... removal of children with disabilities from the regular educational environment occurs **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." (Emphasis added.)

## Schedule Modification

**Shorter:** Does this student require a *shorter school day or shorter school year*?

No  Yes — shorter day  Yes — shorter year If yes, answer the questions below.

**Longer:** Does this student require a longer school day or a longer school year to prevent substantial loss of previously learned skills and / or substantial difficulty in relearning skills?

No  Yes — longer day  Yes — longer year If yes, answer the questions below.

How will the student’s schedule be modified? Why is this schedule modification being recommended?  
If a longer day or year is recommended, how will the school district coordinate services across program components?

## Transportation Services

Does the student require transportation as a result of the disability(ies)?

No Regular transportation will be provided in the same manner as it would be provided for students without disabilities. If the child is placed away from the local school, transportation will be provided.

Yes Special transportation will be provided in the following manner:

on a regular transportation vehicle with the following modifications and/or specialized equipment and precautions:

on a special transportation vehicle with the following modifications and/or specialized equipment and precautions:

After the team makes a transportation decision and after a placement decision has been made, a parent may choose to provide transportation and may be eligible for reimbursement under certain circumstances. Any parent who plans to transport their child to school should notify the school district contact person.

# Individualized Education Program

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Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID#: \_\_\_\_\_

## State or District-Wide Assessment

Identify state or district-wide assessments planned during this IEP period:

Fill out the table below. Consider any state or district-wide assessment to be administered during the time span covered by this IEP. For each content area, identify the student's assessment participation status by putting an "X" in the corresponding box for column 1, 2, or 3.

	1. Assessment participation: Student participates in on-demand testing under routine conditions in this content area.	2. Assessment participation: Student participates in on-demand testing with accommodations in this content area. (See ❶ below)	3. Assessment participation: Student participates in alternate assessment in this content area. (See ❷ below)
CONTENT AREAS	COLUMN 1	COLUMN 2	COLUMN 3
English Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History and Social Sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science and Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

❶ For each content area identified by an X in the column 2 above: note in the space below, the content area and describe the accommodations necessary for participation in the on-demand testing. Any accommodations used for assessment purposes should be closely modeled on the accommodations that are provided to the student as part of his/her instructional program.

❷ For each content area identified by an X in column 3 above: note in the space below, the content area, why the on-demand assessment is not appropriate and how that content area will be alternately assessed. Make sure to include the learning standards that will be addressed in each content area, the recommended assessment method(s) and the recommended evaluation and reporting method(s) for the student's performance on the alternate assessment.

**NOTE**

When state model(s) for alternate assessment are adopted, the district may enter use of state model(s) for how content area(s) will be assessed.

**Individualized Education Program**

IEP Dates: from 12/3/18 to 12/02/19

Student Name: Kawai, Abraham DOB: 9/03/09 ID#: 1009743827

**Additional Information**

- Include the following transition information: the anticipated graduation date; a statement of interagency responsibilities or needed linkages; the discussion of transfer of rights at least one year before age of majority; and a recommendation for Chapter 688 Referral.
- Document efforts to obtain participation if a parent and if student did not attend meeting or provide input.
- Record other relevant IEP information not previously stated.

**Response Section**

**School Assurance**

I certify that the goals in this IEP are those recommended by the Team and that the indicated services will be provided.

Signature and Role of LEA Representative

Date

**Parent Options / Responses**

**It is important that the district knows your decision as soon as possible. Please indicate your response by checking at least one (1) box and returning a signed copy to the district. Thank you.**

- I accept the IEP as developed.  I reject the IEP as developed.
- I reject the following portions of the IEP with the understanding that any portion(s) that I do not reject will be considered  accepted and implemented immediately. Rejected portions are as follows:

I reject the lack of a social skills group based on the speech and language testing. I reject the elimination of the math goal and support in the Inclusion class for math (this is stay put from the last IEP). I would like a daily home-school communication log. I reject the lack of an extended year program for Abraham. He only attended 4 days due to a communication mix up so compensatory services are due. I would like the district to do specific academic assessments for ELA and math as there was not academic testing for his most recent three-year re-evaluation.

- I request a meeting to discuss the rejected IEP or rejected portion(s).
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Signature of Parent, Guardian, Educational Surrogate Parent, Student 18 and Over\*

Date

*\*Required signature once a student reaches 18 unless there is a court appointed guardian.*

Parent Comment: I would like to make the following comment(s) but realize any comment(s) made that suggest changes to the proposed IEP will not be implemented unless the IEP is amended.



