

INDIVIDUALIZED EDUCATION PROGRAM

| | | | | | | | | | | | |
|--|--|--------------------|-------------|---|--|--------------|-----------|---|--|--|--|
| STUDENT'S NAME | | | | | | | | | | | |
| DOB | | SCHOOL YEAR | | - | | GRADE | | - | | | |
| IEP INITIATION/DURATION DATES | | | FROM | | | | TO | | | | |
| This IEP will be implemented during the regular school term unless noted in extended school year services. | | | | | | | | | | | |
| STUDENT PROFILE – WILL INCLUDE GENERAL STATEMENTS REGARDING: | | | | | | | | | | | |
| Strengths of the student – Include information regarding the student's strengths in academic and functional areas. | | | | | | | | | | | |
| | | | | | | | | | | | |
| Parental concerns for enhancing the education – Include all information regarding the parental concerns for enhancing the education of their child. | | | | | | | | | | | |
| | | | | | | | | | | | |
| Student Preferences and/or Interests – This area includes information obtained from parent, teacher(s), and the student regarding preferences and interests. Include all information concerning student preferences and/or interests including transition information. | | | | | | | | | | | |
| | | | | | | | | | | | |
| Results of the most recent evaluations – Include all information concerning evaluation results. This information should be written in meaningful terms so that the parent and service providers have a clear understanding of the evaluation results. | | | | | | | | | | | |
| | | | | | | | | | | | |
| The academic, developmental, and functional needs of the student – Include all information concerning how the student's disability affects his/her involvement and progress in the general education curriculum, and, for preschool age children, how the disability affects his/her participation in age-appropriate activities. | | | | | | | | | | | |
| | | | | | | | | | | | |
| Other – Include any information pertinent to the development of the IEP that was not included anywhere else on the Student Profile page. | | | | | | | | | | | |
| | | | | | | | | | | | |
| For the child transitioning from EI to Preschool, justify if the IEP will not be implemented on the child's 3rd birthday – This should only be completed if the child is not being served under IDEA on the child's third birthday. (e.g., if a child's birthday is during the summer or holiday(s) justification is required). | | | | | | | | | | | |
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INDIVIDUALIZED EDUCATION PROGRAM PROFILE

A guide for completing the first page of the Profile

Purpose(s) of this page:

- To document the school year and grade(s) the IEP will cover.
- To document the initiation/duration of the IEP.
- To describe the strengths of the student. Include information regarding the academic, functional, social, emotional or behavioral needs of the child.
- To document concerns of the parent for enhancing the education of their child.
- To document student preferences and/or interests that include transition information beginning no later than the first IEP to be in effect when the student turns 16 or younger if determined appropriate by the IEP Team and for all students entering the 9th grade, regardless of their age.
- To document results of the most recent evaluation.
- To document how the student's disability affects his/her involvement and progress in the general education curriculum (academic, developmental, and functional needs of the student) and, for preschool students, how the disability affects the student's participation in age-appropriate activities.

When to use this page:

- Use this page for the initial IEP, each annual IEP, and if necessary when making amendments to the IEP.
- The first IEP must be written within 30-calendar days of initial eligibility determination and before any special education and related services are provided.

Things to remember when completing this page:

- When completing the **STUDENT PROFILE** page, the **STUDENT'S NAME** should be entered as the student's first, middle, and last name.
- Enter the student's **DATE OF BIRTH**.
- **SCHOOL YEAR** should be written as the indicated year(s). Example: 2012 or 2012-2013, etc.
- **GRADE** should be written as the indicated grade(s). Example: 6 or 6-7.
- **IEP INITIATION/DURATION DATES** may be written from the beginning of the school year to the end of the school year (e.g., 08/09/2016 – 05/27/2017); or the dates may stagger across parts of two years (e.g., 09/06/2016 – 09/05/2017 or 03/08/2016 – 03/07/2017). Academic goals are based on content standards listed in the Alabama Course of Study; objectives listed in the curriculum guides to the Alabama Course of Study; or standards from the Alternate Achievement Standards, and the Alabama Developmental Standards for Preschool Children for both school years must be considered when planning an IEP that spans two school years.
- The annual review due by date in SETS is calculated based on the IEP signature date of the previous IEP.

The IEP must be **reviewed** by the annual review date (signature date plus one year). When the IEP is reviewed, the IEP Team may review the current IEP and write a new IEP, or in some cases the new IEP can be delayed for a reasonable period of time. The **DURATION DATE** (ending date) is the **date that the IEP expires; therefore, that date must be considered before the decision is made to delay the writing of a new IEP.**

Examples of when an IEP Team might conduct the annual review without developing a new IEP are:

1. A student is scheduled to graduate and has a current IEP in place until the end of the school year.
 2. A student transfers into the LEA with a current IEP around the time the annual review is due.
- If the option to review is used, the IEP Team is required to meet **prior to or on the Annual Review Due By** date to review the current IEP, but they are not required to write a new IEP at that time. To ensure compliance, a new IEP must be written before the duration date (ending date) of the current IEP. To document the annual review, the following process should be followed:
 - On the *Notice and Invitation to a Meeting/Consent for Agency Participation* form, check "Annual Review/Develop Annual IEP." If the **only** purpose of the meeting is the Annual Review, **on the paper copy** you can cross-through "Develop Annual IEP."

INDIVIDUALIZED EDUCATION PROGRAM PROFILE

(Continued)

- The IEP signature page will be amended and the signature date **must** be manually entered in the **Annual Review Date** field in the student's folder.
- The *Notice of Proposal or Refusal To Take Action* form must indicate that the IEP Team met to review the current IEP and any proposals or refusals to initiate or change the identification, evaluation, placement and/or the provision of a FAPE.
- A new IEP must be written before the Duration Date (ending date) to ensure compliance.

A guide for completing the first page of the Profile

- The **Student Profile** is the result of the IEP Team's review of assessment data and other information to develop a descriptive summary of the student's performance, strengths, and needs.

The **STUDENT PROFILE** must include general statements regarding:

- **Strengths of the student:** Include all information regarding the student's strengths.
- **Parental concerns for enhancing the education:** Include all information regarding the parental concerns for enhancing the education of their child. (If the parent does not respond, state that. Do **not** put N/A)
- **Student Preferences and/or Interests:** This area includes information obtained from the parent, teacher(s), and the student regarding the student's preferences and interests and strengths. Transition information must be provided in this text box when transition is being addressed in the IEP. Include all information concerning student preferences and/or interests related to the student's needs when applicable in the text box.
- **Results of the most recent evaluations/assessments/tests** (typically within the past year): Include all information on evaluation/assessment/test results that are helpful to develop the IEP. It is not necessary to repeat information from the *Notice and Eligibility Decision Regarding Special Education Services*. The information should be written in meaningful terms so the parent, IEP Team members, and service providers have a clear understanding of the results. Standard scores, Level 3, percentiles, age, and grade equivalents, can be misleading. For example, stating a child scored a Level 3 in the average range should be easy for all to understand. Be consistent. Use terms such as **above average, average, or below average** to make test results more meaningful for those not familiar with scoring.

Interpretation of Evaluation Results (standard scores with a mean of 100 and standard deviation of 15)

- 116 and above = Above Average
- 115-85 = Average
- 84 and below = Below Average
- Example: In reading, John scored a 95 (standard score) in the average range.
- **The academic, developmental, and functional needs of the student:** Include all information concerning how the student's disability affects his/her involvement and progress in the general education curriculum and for preschool children how the disability affects his/her participation in age-appropriate activities. For some students who have several deficit areas, the IEP Team may need to prioritize and work on goals that can be reasonably calculated to provide educational benefit within one year of the length of the IEP.
- The student's strengths, needs, and parental concerns noted in the **STUDENT PROFILE** should be considered when determining and prioritizing services and/or LRE.
- **Other:** Include any information pertinent to the development of the IEP that was not included anywhere else on the **Student Profile** page (e.g., extended school year services, medical, OT, PT, AT).
- **For the child transitioning from EI to Preschool, justify if the IEP will not be implemented on the child's third birthday:** This should only be completed if the child transitioned from EI and is not being served under IDEA on the child's third birthday (e.g., if a child's birthday is during the summer or holiday(s) justification is required).

What happens next:

- There should be a direct link between the profile and other elements of the IEP.

Process 1: Referral Through IEP Implementation

STUDENT'S NAME: _____

DOB: _____

SPECIAL INSTRUCTIONAL FACTORS

Items checked "YES" will be addressed in this IEP:

| | YES | NO |
|---|--------------------------|--------------------------|
| • Does the student have behavior which impedes his/her learning or the learning of others? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the student have a Behavioral Intervention Plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the student have limited English proficiency? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the student need instruction in Braille and the use of Braille? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the student have communication needs? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the student need assistive technology devices and/or services? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the student require specially designed P.E.? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has the IEP Team determined the student meets the participation criteria for the Alabama Alternate Assessment and will be taught the alternate achievement standards? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are transition services addressed in this IEP? | <input type="checkbox"/> | <input type="checkbox"/> |

TRANSPORTATION

Student's mode of transportation:

☐ Regular bus ☐ Bus for special needs ☐ Parent contract ☐ Other: _____Does the student require transportation as a related service? ☐ YES ☐ NO☐ If Yes is checked for related service, a representative from the transportation department was either included in the meeting or in discussions prior to the meeting about the transportation needs for this student. Personnel have been informed of his/her specific responsibilities for IEP implementation.

Check any transportation needs:

☐ Bus assistance: ☐ Adult support ☐ Medical support
☐ Preferential seating If checked, describe: _____
☐ Behavioral Intervention Plan
☐ Wheelchair lift
 If checked, select one ☐ Transfer to bus seat ☐ Wheelchair securement system
☐ Restraint system
 If checked, Specify type: _____
☐ Other, Specify: _____

NONACADEMIC and EXTRACURRICULAR ACTIVITIES

Will the student have the opportunity to participate in nonacademic/extracurricular activities with his/her nondisabled peers?

☐ YES.
☐ YES, with supports. Describe: _____
☐ NO. Explanation must be provided: _____

METHOD/FREQUENCY FOR REPORTING PROGRESS OF ATTAINING GOALS TO PARENTS

Annual Goal Progress reports will be sent to parents each time report cards are issued (every _____ weeks).

INDIVIDUALIZED EDUCATION PROGRAM

A guide for completing the second page of the Profile Purpose(s) of this page:

- To address **SPECIAL INSTRUCTIONAL FACTORS**.
- To address **TRANSPORTATION**.
- To address **NONACADEMIC AND EXTRACURRICULAR ACTIVITIES**.
- To address **ANNUAL GOAL PROGRESS REPORTS**.

When to use this page:

- Use this page for the initial IEP, each annual IEP, and if necessary, when making amendments to the IEP.
 - The first IEP must be written within 30 calendar days of initial eligibility determination and before any **SPECIAL EDUCATION AND RELATED SERVICES** are provided.
 - IEPs must be reviewed annually. The annual review date is determined by the date of signatures on the **SIGNATURE PAGE** of the IEP.

Things to remember when completing this page:

- **Yes** or **No** must be selected for each **SPECIAL INSTRUCTIONAL FACTOR**. Any **SPECIAL INSTRUCTIONAL FACTOR** checked **YES**, **MUST** be addressed in the IEP.
- When **Yes** is checked for the question, “Does the student have behavior which impedes his/her learning or the learning of others?” this factor must be addressed by either developing a measurable annual goal, as a related service, through supplementary aids and services, or by developing a Behavioral Intervention Plan (BIP).
- When **Yes** is checked for the question, “Does the student have a Behavioral Intervention Plan?” this factor must be addressed. The SES strongly encourages that the BIP be attached using the documents tab in SETS or use the optional form in SETS.
- When **Yes** is checked for the question, “Does the student have limited English proficiency?” all English learners (ELs) with IEPs must have an EL plan documented on the profile page of the IEP. Students may receive both special education and English language services concurrently if the IEP Team determines that both services are appropriate and necessary for the student to access the general education curriculum.
- When **Yes** is checked for the question, “Does the student need instruction in Braille and the use of Braille?” this factor must be addressed if, the student is determined to be in need of instruction in Braille after an evaluation of the student’s reading, writing skills, needs and appropriate reading and writing media (including an evaluation of the child’s future needs for instruction in Braille or the use of Braille).
- When **Yes** is checked for the question, “Does the student have communication needs?” this factor must be addressed if, the student has any communication needs e.g., language and/or communication mode of a child who is deaf or hearing impaired, articulation, stuttering, voice, language disorders, or augmentative communication needs.
- When **Yes** is checked for the question, “Does the student need assistive technology devices and/or services?” this factor must be addressed if, the student needs an assistive technology device or service(s) for academic or functional needs, it must be addressed in the IEP.
- When **Yes** is checked for the question, “Does the student require specially designed physical education (P.E.)?” then if any part of the student’s curriculum requires modification, appropriate goals and benchmarks must addressed in the IEP. The P.E. teacher is responsible for developing and implementing the goals and benchmarks with the assistance of the case manager. (Adapted P.E. is a direct service not a related service.)
- When **Yes** is checked for the question, “Is the student working toward alternate achievement standards and participating in the Alabama Alternate Assessment?” this box **must** be checked annually when a student is working on alternate achievement standards.
 - In order to check **Yes**, the IEP Team must use the *Alabama Alternate Assessment Program Participation Decision Documentation* form to determine that a student will participate in the *Alabama Alternate Assessment Program*.

INDIVIDUALIZED EDUCATION PROGRAM

(continued)

- When **Yes** is checked for the question, “Are transition services addressed in this IEP?” transition must be addressed for all students entering 9th grade and beyond, or earlier if appropriate.

A guide for completing the second page of the Profile:

TRANSPORTATION:

Transportation is a related service and can include travel to and from school and between schools; travel in and around school buildings, and specialized equipment such as special or adapted buses, lifts, and ramps. A child’s IEP Team is responsible for determining if transportation is required as a related service to assist a child with a disability to benefit from special education services.

- Student’s mode of transportation must be addressed in every IEP by either checking one of the boxes or by adding information under “**Other**.”
- **Does the student require transportation as a related service?** **Yes** or **No** must be selected
 - If **No** is checked, the student will receive the same transportation services provided to nondisabled children.
 - If **Yes** is checked, the following check box is required:
- **If Yes is checked for related service, a representative from the transportation department should be included in the meeting or in discussions prior to the meeting and/or provided input for the IEP Team to consider about the transportation needs for this student.** During the discussion, consideration should be given to the entire continuum of services available, including accommodations/modifications on a regular bus; services on a smaller capacity, specially equipped bus; or some other form of transportation, such as a private vehicle if a parent contract is appropriate for the individual student.
- **If Yes is checked as a related service, check any transportation needs that apply.**

BUS ASSISTANCE:

Adult Support indicates the need for a bus attendant to assist/accompany the child while boarding and/or riding the school bus.

- **Medical Support** indicates a need for a medically trained assistant for the student while riding the school bus.
- **Preferential seating** should be checked and a description provided when there is a need for the student to sit in a particular location while riding inside the bus (e.g., front seat, behind the driver, with a designated peer helper).
- **Behavioral Intervention Plan** should be checked when the student has a BIP that should be shared with the bus driver and other support personnel when the student’s behavior could present a challenge while riding the school bus. Please note: Bus personnel may require additional training on the plan.
- **Wheelchair lift and securement system** should be checked when a student is unable to board the bus through the passenger door. If Wheelchair lift is checked, select whether the child will transfer to a seat or if the wheelchair securement system will be utilized. Please note: **No student may be carried onto the school bus.** The student must be secured in a safe wheel chair before boarding the lift.
- **Restraint system** should be checked when the student is unable to sit safely in a bus seat or safely in a wheelchair without support. If restraint system is checked, the type of restraint must be specified. Please note: The need for a restraint system should be carefully considered and documented for each individual student, as well as the type of restraint necessary and appropriate for the student, with input from the Transportation Department. Types of restraint systems include: seatbelts (lap or lap/shoulder belt systems); car seats; safety vests or harnesses; Integrated Child Safety Seats; etc. Seatbelts are excluded from the seclusion and restraint policies.
- **Other** should be checked when there is a need for accommodations/modifications not already listed. Such needs could include any necessary supports (e.g., peer helper, emergency plan of action, atypical school day/schedule or special equipment, oxygen tank, EpiPen, suction machine, diabetic supplies, augmentative communication system/device, service animal) and/or any additional training that the bus driver and the other support personnel may need in order to manage medical issues, which could impact the student during the bus ride.

INDIVIDUALIZED EDUCATION PROGRAM (continued)

- **The transportation needs for this student were shared with the bus driver and support personnel. Their signature(s) are included on the *Persons Responsible for IEP Implementation* form.** This should always be checked to ensure that the bus driver and other support personnel are aware of their responsibilities for implementing the IEP. Provide transportation personnel with any necessary training for implementation of the IEP at the very minimum, the bus driver **must** be informed of his or her responsibilities.

Transportation does not need to be addressed elsewhere in the IEP unless instruction is being provided (e.g., teaching a student how to use public transportation.)

NOTE: Students may not have a shortened school day due to transportation or other administrative conveniences.

A guide for completing the second page of the Profile:

- **NONACADEMIC AND EXTRACURRICULAR ACTIVITIES** must have at least one item checked. If **YES** is checked, this indicates the general notion that the student will have some opportunity to participate in nonacademic/extracurricular activities with his/her nondisabled peers, but not necessarily *all* of those activities and at *all* times. Obviously, a student must be deemed to be “otherwise qualified” to participate in the activity and meet the same criteria for participation that applies to other students. There may be circumstances where the student is not qualified to participate, which will be decided on a case-by-case basis. If **YES, with supports** is checked, please describe the supports in the space provided. If **NO** is checked, please write an explanation in the space provided. **For Preschool students:**
 - If **YES** is checked, this indicates the child attends an early childhood program where the potential for nonacademic/extracurricular activities exists.
 - If **YES with supports** is checked, the responsibility for any supports required for a student to participate in nonacademic/extracurricular activities is an IEP Team decision. If the IEP Team determines that supports are needed, the Team determines who will provide them (parent, program such as Head Start, or the public agency [LEA]).
 - If **NO** is checked, the child is **not** in any type of early childhood environment where the potential for any type of nonacademic/extracurricular activity exists. An example of this situation would be a child who is SLI and stays at home with a parent all day, and comes to a school only for speech therapy services.
- **ANNUAL GOAL PROGRESS REPORT** will be sent to the parent or student (age 19 and older) each time report cards are issued. Indicate how often the **ANNUAL GOAL PROGRESS REPORT** will be sent home by recording the number of weeks in the space provided (e.g., every nine weeks, every six weeks).

What happens next:

There should be a direct link between the profile and other elements of the IEP.

STUDENT'S NAME: _____

DOB: _____

Transition: Beginning not later than the first IEP to be in effect when the student is 16, or earlier if appropriate, and updated annually thereafter. For all students entering 9th grade regardless of their age, transition must be addressed.

- ☐ This student was invited to the IEP Team meeting on _____ via _____.
- ☐ After prior consent of the parent or student (Age 19) was obtained, other agency representatives were invited to the IEP Team meeting.
- ☐ Transition services based on the student's strengths, preferences, and interests that will reasonably enable the student to meet the postsecondary goals are addressed on the transition goal page in this IEP.

Age-appropriate Transition Assessments:

(Select the assessment(s) used to determine the student's measurable postsecondary transition goals.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Student Interview | <input type="checkbox"/> Career Awareness | <input type="checkbox"/> Interest Inventory |
| <input type="checkbox"/> Parent Interview | <input type="checkbox"/> Student Portfolio | <input type="checkbox"/> Interest Learning Profile |
| <input type="checkbox"/> Student Survey | <input type="checkbox"/> Vocational Assessment | <input type="checkbox"/> Career Aptitude |
| <input type="checkbox"/> Other _____ | | |

Enter the assessment(s) used to determine the student's selected long-term postsecondary transition goals:

Postsecondary Education/Training Goal

Assessment: _____ Date: _____

Assessment: _____ Date: _____

Long-Term Goal: _____

If Other is selected, specify: _____

Employment/Occupation/Career Goal

Assessment: _____ Date: _____

Assessment: _____ Date: _____

Long-Term Goal: _____

If Other is selected, specify: _____

Community/Independent Living Goal

Assessment: _____ Date: _____

Assessment: _____ Date: _____

Long-Term Goal: _____

If Other is selected, specify: _____

- ☐ This student is in a middle school course of study that will help prepare him/her for transition.

Anticipated Date of Exit: Month: _____ Year: _____

Selected Pathway to the Alabama High School Diploma:

- ☐ General Education Pathway (Intended to prepare student for college and career)
- ☐ Essentials Pathway (Intended to prepare student for a career/competitive employment)
- ☐ Alternate Achievement Standards Pathway (AAS) (Intended to prepare students for supported/competitive employment)

| Program Credits to be Earned (Complete for students in Grades 9-12) | | | | |
|--|---------|------|---------|----------------|
| For each course taken indicate program credits to be earned next to the appropriate pathway. | ENGLISH | MATH | SCIENCE | SOCIAL STUDIES |
| General Education Pathway | | | | |
| Essentials Pathway | | | | |
| Alternate Achievement Standards Pathway | | | | |

Elective(s) _____ (enter total number of electives)

INDIVIDUALIZED EDUCATION PROGRAM TRANSITION

Purpose(s) of this page:

- To document the date and method by which the student was invited to the IEP Team meeting.
- To document that other agency representatives that may be responsible for providing or paying for **Transition Services** were invited to the IEP Team meeting if permission was granted by the parent or student (age 19 and older).
- To document that transition services are based on the student's strengths, preferences, and interests that will reasonably enable the student to meet the postsecondary goals.
- To document **Age-Appropriate Transition Assessments** used to determine the student's selected long-term transition goals related to Postsecondary Education/Training, Employment/Occupation/Career, and Community/Independent Living. (Include appropriate documentation of all assessments in the student's file.)
- To document the assessment(s) used to determine the long-term transition goal for Postsecondary Education/ Training, Employment/Occupation/Career, and Community/Independent Living.
- To document the date the assessment(s) was given to determine the appropriate long-term transition goals related to **Postsecondary Education/Training, Employment/Occupation/Career, and Community/ Independent Living.**
- To document **COURSE OF STUDY** for students that are in middle school **OR**
- To document **Selection of Pathway to the Alabama High School Diploma** for students in Grades 9-12.
- To document **ANTICIPATED DATE OF EXIT** for students in Grades 9-12.
- To document **PROGRAM CREDITS TO BE EARNED** for students in Grades 9-12.
- To document the **TOTAL NUMBER OF ELECTIVES.**

INDIVIDUALIZED EDUCATION PROGRAM TRANSITION

Things to remember when completing this page:

- Check “Transition services based on the student’s strengths, preferences, and interests that will reasonably enable the student to meet the postsecondary goals that are addressed on the transition goal page in this IEP.
- You do not have to address transition for a student in middle school if the student is younger than age 16.

If the student is 15 years old when the IEP is being developed and will turn 16 years old during implementation of the IEP, transition must be addressed.

- If the IEP Team addresses transition for a student younger than age 16 (for example, age 14) and the student is in middle school, you must address: Age-Appropriate Transition Assessments, Postsecondary Education/Training, Employment/Occupation/Career, and Community/Independent Living Transition Goals, Middle School Course of Study, Measureable Annual Goals for Postsecondary Education/Training, Employment/Occupation/Career, and Community/Independent Living, Transition Services, and Transition Activities for each annual transition goal.
- If the IEP Team addresses transition for a student younger than age 16 (for example, age 14) and the student is in Grades 9-12, the following must be addressed: Age-Appropriate Transition Assessments, Long-Term Postsecondary Education/Training, Employment/Occupation/Career, and Community/Independent Living Transition Goals, Anticipated Date of Exit, Pathway to the Alabama High School Diploma, Program Credits to be Earned, Total Number of Electives, Measureable Annual Goals for Postsecondary Education/Training, Employment/Occupation/Career, and Community/Independent Living, Transition Services, and Transition Activities for each annual transition goal.
- This page must be completed for all students entering 9th grade, regardless of their age.
- For all students entering 9th grade, regardless of their age, the IEP Team must address: Age-Appropriate Transition Assessments, Long-Term Postsecondary Education/Training, Employment/Occupation/Career, and Community/Independent Living Transition Goals, Anticipated Date of Exit, Pathway to the Alabama High School Diploma, Program Credits to be Earned, Total Number of Electives, Measureable Annual Goals for Postsecondary Education/Training, Employment/Occupation/Career, and Community/Independent Living, Transition Services, and Transition Activities for each annual transition goal.
- This page must be completed for students who will turn age 16 during the implementation dates of the IEP.

AGE-APPROPRIATE TRANSITION ASSESSMENTS

- **Age-Appropriate Transition Assessments** must be used to determine the student’s Postsecondary Education/ Training Goal, Employment/Occupation/Career Goal, and Community/Independent Living Goal, and transition needs and services.
- The **Age-Appropriate Transition Assessments** that are used to determine the long-term goals must match assessments that are administered.
- Check all **Age-Appropriate Transition Assessments** that were used to determine the long-term goals.
- The name of each transition assessment and the date the assessment was administered must be documented for each long-term goal.
- A minimum of two assessments must be administered.
- The student’s Long-Term Postsecondary Education/Training, Employment/Occupation/Career, and Community/ Independent Living Transition Goals are to be based on the individual student’s strengths, needs, preferences, and interests.
- Long-Term Postsecondary Education/Training, Employment/Occupation/Career, and Community/Independent Living Transition Goals are based on standards listed in the *Alabama Transition Standards* document. This document can be found on the special education web page under Secondary/Postsecondary/Transition.

INDIVIDUALIZED EDUCATION PROGRAM TRANSITION

GOALS for Postsecondary/Transition: (Note: All goals should be based on the student's progress toward the Alabama Transition Standards)

Postsecondary Education/Training Goal (Select or write the most appropriate goal for the student):

- Student will be prepared to participate in a two- to four-year postsecondary education program based on completion of graduation requirements and meeting college admission requirements.
- Student will be prepared to participate in a long-term certificate pathway or long-term apprenticeship program based on completion of graduation requirements and meeting certificate program requirements and/or apprenticeship requirements.
- Student will be prepared to participate in a short-term certificate pathway program or pre-apprenticeship program based on completion of graduation requirements and meeting certificate program requirements and/or pre-apprenticeship requirements.
- Student will be prepared to participate in on-the-job training based on completion of IEP goals, high school program, and submission of application for supported employment.
- Student will participate in time-limited, pre-employment services in order to prepare student to participate in Supported Employment services.
- Other: Write an appropriate goal for the student based on the needed Transition Services.

Employment/Occupation/Career Goal (Select or write the most appropriate goal for the student):

- Student will reach college and career readiness by potentially earning an industry career credential.
- Student will be prepared to participate in competitive integrated employment with no need for support based on successful completion of career exploration, community-based work, and/or cooperative education experience.
- Student will be prepared to participate in competitive integrated employment with time-limited support based on successful completion of career exploration, community-based work experience and/ or cooperative education experience.
- Student will be prepared to participate in supported employment which will include community-based assessment, job development, job coaching, and extended support needed to meet his/her employment needs based on successful completion of school-based work experiences, community-based career exploration, and application for supported employment services.
- Student will be prepared to participate in pre-employment services to increase the likelihood for community-based integrated employment based on IEP goals, individual or parental choice (requires application for adult services) in order to acquire skills needed for competitive integrated employment through supported employment services.
- Other: Write an appropriate goal for the student based on the needed Transition Services.

Community/Independent Living Goal (Select or write the most appropriate goal for the student):

- Student will be prepared to participate in community activities and live independently based on independent living skill level achieved and identification of community/living options.
- Student with time-limited support will be prepared to participate in community activities and live independently based on independent living skill level achieved and identification of community/living options and support options.
- Student will be prepared to participate in community activities and live semi-independently with ongoing infrequent support based on independent living skill level achieved, identification of options, and/or application for adult services.
- Student will be prepared to live in a group home or other supported environment with full-time support based on independent living skill level achieved and application for adult services.
- Student will be prepared to live with parents, guardian, or relatives based on parental preference and independent living skill level achieved.
- Other: Write an appropriate goal for the student based on the needed Transition Services.

INDIVIDUALIZED EDUCATION PROGRAM TRANSITION (Continued)

MIDDLE SCHOOL COURSE OF STUDY:

- Check “This student is in a middle school course of study that will help prepare him/her for transition” for students who are 16 years old and older in middle school, or for younger students, if the IEP Team has determined that transition will be addressed for the student. **(Do not check the middle school course of study box if transition will not be addressed for the student).**

ANTICIPATED DATE OF EXIT: (Complete for students in Grades 9-12)

- Identify the month and year the student is expected to exit high school.
- Students who have not earned an Alabama High School Diploma and who have not reached their 21st birthday by August 1 are entitled to receive services up to age 21. A student who turns 21 on or after August 1st are entitled to complete the school year.
- Students that turn 21 before August 1st are not entitled to services the following school year.

SELECTED PATHWAY TO THE ALABAMA HIGH SCHOOL DIPLOMA: (Complete for students in Grades 9-12)

- This section must be completed prior to entering 9th grade. The focus will be on the coursework taken that necessitates a clearly articulated and individualized four-year high school plan built for each student based on the results from the ACAP summative, PreACT, ACT with writing, ACT WorkKeys, academic and career interest assessment and middle school coursework.
- Identify and select the highest most appropriate pathway leading to the Alabama High School Diploma.
- It is very important to annually review the student’s coursework and selected pathway to ensure the student will achieve the desired post school outcomes.

PROGRAM CREDITS TO BE EARNED: (Complete for students in Grades 9-12—Record current year only): IEP Teams should determine the appropriate coursework/pathway that will lead to the Alabama High School Diploma to meet individual post-school outcomes.

- All courses should be coded based on the program credit to be earned.
- Accommodations lessen the impact of the student’s disability in the teaching/learning environment in order to level the playing field but do not change the content of the standard. When accommodations are made for the student with disabilities, the content has not been altered and the student can earn course credit.
- Modifications are changes made to the content of the curriculum due to the unique needs arising from the student’s disability. When course content is modified, the student is not pursuing the content prescribed in the applicable course of study and cannot earn course credit.
- Students who participate in a graduation ceremony but return to school until age 21 should continue to work toward earning course credit. These students might be working toward fewer credits and there might be less variety in the subjects, but they should still be working toward credits.
- Indicate the **Total Number of Electives**.

**INDIVIDUALIZED EDUCATION PROGRAM
ANNUAL TRANSITION GOAL(S)**

STUDENT'S NAME: _____

DOB: _____

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

Based on the student's strengths, preferences, interests, and needs related to the postsecondary goals (include a description of age-appropriate transition assessments).

(Link to Transition Standards)

MEASURABLE ANNUAL POSTSECONDARY TRANSITION GOALS:

Academic areas may be written separately or embedded within the transition goal. Address transition services, activities, and person(s)/agency involved for each goal area. (If more than one goal is needed in any one goal area below, additional goal pages can be added.)

Postsecondary Education/Training Goal:

Date of Completion/Mastery:

***Transition Service(s):** _____

Transition Activities:

(Enter a numbered list of all activities to assist the student in achieving his/her long-term Postsecondary Education/Training goal.)

1.
2.

Person(s)/Agency Involved: _____

Employment/Occupation/Career Goal:

Date of Completion/Mastery:

***Transition Service(s):** _____

Transition Activities:

(Enter a numbered list of all activities to assist the student in achieving his/her long-term Employment/Occupation/Career goal.)

1.
2.

Person(s)/Agency Involved: _____

Community/Independent Living Goal:

Date of Completion/Mastery:

***Transition Service(s):** _____

Transition Activities:

(Enter a numbered list of all activities to assist the student in achieving his/her long-term Community/Independent Living goal.)

1.
2.

Person(s)/Agency Involved: _____

***Transition Services: Consider these service areas:**

Vocational Evaluations (VE), Community Experiences (CE), Personal Management (PM), Transportation (T), Employment Development (ED), Medical (M), Postsecondary Education (PE), Living Arrangements (LA), Linkages to Agencies (LTA), Advocacy/Guardianship (AG), Financial Management (FM), and if appropriate, Functional Vocational Evaluation (FVE).

INDIVIDUALIZED EDUCATION PROGRAM ANNUAL TRANSITION GOAL(S)

Purpose(s) of this page:

- To document the required components of the IEP for the **ANNUAL TRANSITION GOAL(S)**.
- A statement of the student's **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE** based on the student's strengths, preferences, interests, and needs related to the annual postsecondary goals (include a description of the **Age-Appropriate Transition Assessment**).

The **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE** must be linked to the **Transition Standards**.

- To document a statement of the **MEASURABLE ANNUAL POSTSECONDARY TRANSITION GOAL** developed for **Postsecondary Education/Training, Employment/Occupation/Career, and Community/Independent Living**.

DATE OF COMPLETION/MASTERY

- To document the mastery/completion of **GOAL(s)** developed for **Postsecondary Education/Training, Employment/Occupation/Career, and Community/Independent Living**.

TRANSITION SERVICES

- To document Transition Service(s) selected for each measurable annual postsecondary transition goal.

TRANSITION ACTIVITY(S)

- To document Transition Activities to assist the student in achieving **Postsecondary Education/Training, Employment/Occupation/Career, and Community/Independent Living Measurable Annual Goals**.
- Transition activities must list specific steps the student must take to achieve his/her Measurable Annual Postsecondary Transition Goal.
- A minimum of two transition activities must be written to address each of the measurable annual transition goals in the areas of Postsecondary Education/Training, Employment/Occupation/Career, and Community/Independent Living.

When to use this page:

- To document **MEASURABLE ANNUAL Postsecondary Education/Training, Employment/Occupation/Career, and Community/Independent Living TRANSITION GOAL(s)** that the IEP Team addresses.
- To document **DATE OF COMPLETION/MASTERY OF MEASURABLE ANNUAL POSTSECONDARY TRANSITION GOAL(S)**.
- To revise/change transition goal(s).
- To determine Transition services based on the student's strengths, preferences, and interests that will reasonably enable the student to meet the postsecondary goals addressed on the transition goal page in this IEP.
- To document Transition Activities to assist the student in achieving **Postsecondary Education/Training, Employment/Occupation/Career, and Community/Independent Living Measurable Annual Postsecondary Transition Goals**.

Things to remember when completing this page:

- It is important to remember that each student's **MEASURABLE ANNUAL Postsecondary Education/Training, Employment/Occupation/Career, and Community/Independent Living TRANSITION GOAL(S)** should be based on relevant content transition standards and must be individualized.
- The Alabama Transition Standards are intended to be used as a guidepost from which to plan each student's growth during the IEP annual cycle.
- Annual Transition goals are based on transition standards listed in the *Alabama Transition Standards*. All transition goal(s) must reference a standard.
- Transition goals that have embedded academic goals must reference the content standard.
- Transition activities must list specific steps the student must take to achieve his/her long-term Postsecondary Education/Training goal.

INDIVIDUALIZED EDUCATION PROGRAM ANNUAL TRANSITION GOAL(S)

(Continued)

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

- Based on the student's strengths, preference, interests and needs related to the postsecondary goal. The Present Level of Academic Achievement and Functional Performance must include a description of the Age-Appropriate Transition Assessments.
- Information should be stated in a readily understandable way that is precise enough to understand what the student can do and in relation to what the student should be able to do in each area of transition.
- There must be a direct relationship between the **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE** for Transition and other components of the IEP, such as a **MEASURABLE ANNUAL GOAL**, and **SPECIAL EDUCATION AND RELATED SERVICE(S)**.

MEASURABLE ANNUAL POSTSECONDARY TRANSITION GOAL:

- Targets the individual needs of the student based on the student's Strengths, Preference, Interests, and Needs related to the long-term postsecondary goals.
- Describes what a student can reasonably be expected to accomplish within one school year.
- Addresses the needs written in the **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**.
- Are measurable to the extent that they can be used to monitor the student's progress and assess the appropriateness of the special education services.
- Each IEP must be individualized based on the student's strengths, preferences, interests, and needs. Copying and pasting standards into the goal is not individualized and places the LEA in a very vulnerable litigious situation. The IEP must be written to provide educational benefit.
- An annual goal may address more than one Transition Service.
- All Transition Services selected on the transition page of the IEP must be supported through an annual goal. Each Transition Service is selected under more than one Transition Strand must be supported through a Measurable Annual Goal.

TRANSITION SERVICES: (Select the most appropriate Transition Service area[s])

- **Vocational Evaluations (VE)** - This service area will address the individual's potential for employment through assessment(s) that provide information about job and career interests, skills, and aptitudes. Information gathered through the assessment(s) can identify the individualized level of support needed to gain potential employment (e.g., no special services, time-limit supports, and on-going supports). It will also provide information for career planning and development.
- **Community Experiences (CE)** - This service area will address activities/services that are provided outside the school building and prepare the student for participation in community life. These community-based experiences provide opportunities to engage in integrated activities in typical environments. Through these experiences, students may also learn how to access community resources (e.g., after school jobs, use of public library, community recreational activities) to achieve his or her projected post-school outcomes. Community based instruction provide students with the opportunity to practice skills in the setting in which they will be expected to perform them. Transportation must be provided by the LEA.
- **Personal Management (PM)** - This service area will address and provide instruction in managing personal responsibilities and activities in adult areas such as: home and family life, leisure pursuits, community engagement, physical and emotional well-being, personal responsibility, communication and education, employment and training.
- **Transportation (T)** - This service area will address the academic and functional competencies to interact and travel within and outside the community.
- **Employment Development (ED)** - This service area will focus on the development of work-related behavior, job seeking, and maintenance skills, career exploration (e.g., labor market resources, job application process, résumé), and actual employment (e.g., work-related forms and documents). This information provides guidance towards employment options (e.g., competitive employment, customized employment, or supported employment).
- **Medical (M)** - This service area will address the academic and functional competencies needed to maintain a full range of physical, emotional, and psychological well-being of an individual.

INDIVIDUALIZED EDUCATION PROGRAM ANNUAL TRANSITION GOAL(S)

(Continued)

- **Postsecondary Education (PE)** - This service area will include opportunities for preparation of individuals who plan to pursue postsecondary education/training after high school. This involves considerations of courses needed to meet further training of post-school training requirements, research potential colleges, universities, or technical schools and provide assistance with the application process.
- **Living Arrangements (LA)** - This service area will address adult living outcomes. These are generally those activities related to pursuing an individual's desired community/independent living goal (e.g., independently, time-limited support, semi-independently with ongoing infrequent support, group home, or supported environment with full-time support and live with parents, guardians, relatives).
- **Linkages to Agencies (LTA)** - This service area will address the coordination and collaboration between the school and community service providers who offer transition services which assist with facilitating the student's movement from school to post-school activities.
- **Advocacy/Guardianship (AG)** - This service area will address student's rights (e.g., age of majority, informed consent); responsibility (e.g., student involvement); self-knowledge (e.g., disability awareness); and self-advocacy (e.g., strengths, preferences, and interests).
- **Financial Management (FM)** - This service area will address competencies such as budgeting, paying bills, balancing a checkbook, and spending money.
- **Functional Vocational Evaluation (FVE)** - This area will address a more comprehensive approach to assessing an individual's potential for employment through assessment(s) that provide(s) information about job and career interests, skills, and aptitudes (e.g., situational work assessments, work samples, job trials).

TRANSITION ACTIVITIES:

- Transition planning is a coordinated set of activities focused on improving the academic and functional achievement of a student with a disability to promote the student's movement from school to postsecondary activities.
- Postsecondary activities can include college, vocational training, employment, continuing and adult education, adult services, independent living, or community participation.
- Transition activities are based upon the individual student's needs, taking into account the student's preferences, potential, abilities, and interests.
- Transition activities include instruction, community experiences, the development of employment and other postsecondary adult living objectives, and acquisition of daily living skills and functional vocational skills.
- Transition activities are checkpoints along the path towards mastery of each Measurable Annual Postsecondary Transition Goal.
- Transition activities should be linked to the Measurable Annual Postsecondary Transition Goals.
- At least two transition activities are needed for each Measurable Annual Postsecondary Transition Goal.

PERSONS/AGENCIES INVOLVED:

- Specify personnel involved with the transition activities for each Measurable Annual Postsecondary Transition Goal. These individuals should assist the student in achieving their Measurable Annual Postsecondary Transition Goal.
- The *Persons Responsible for IEP Implementation* form should be used to document persons/agencies who are responsible for assisting the student in achieving the transition activities.

What happens next:

- Annually review the student's coursework and selected pathway to ensure the student will achieve desired post-school outcomes.
- Annually review **Transition Assessment** information, progress towards goals and the **Transition Services** and revise as necessary.
- The *Summary of Academic Achievement and Functional Performance* (SAAFP) must be completed for every student that exits with a high school diploma, or who will be exceeding the age of eligibility for FAPE.
- Special Education Services strongly encourages public agencies to complete the SAAFP for all other students exiting high school.

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: _____

DOB: _____

Identify the area the MEASURABLE ANNUAL GOAL will address. The area may be a core academic content area (e.g., math, science) and/or a functional area (e.g., community participation, communication, self-determination, behavior).

AREA: _____

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

State how the student's disability affects his/her involvement and progress in the general education curriculum for this particular area of instruction, or for preschool age students, how the disability affects the student's participation in age-appropriate activities.

[\(Link to Curriculum Guides\)](#)

[\(Link to Alternate Achievement Standards\)](#)

MEASURABLE ANNUAL GOAL related to meeting the student's needs:

Target the individual needs of the student resulting from the student's disability and how the student's disability affects his/her involvement and progress in the general education curriculum. Describe what a student can reasonably be expected to accomplish within one school year.

DATE OF MASTERY: _____

TYPE(S) OF EVALUATION FOR ANNUAL GOAL:

Check each type of evaluation that will be used to evaluate the MEASURABLE ANNUAL GOAL. (At least one must be chosen.)

☐ Curriculum Based Assessment
 ☐ Teacher/Text Test
 ☐ Teacher Observation
 ☐ Grades
☐ Data Collection
 ☐ State Assessment(s)
 ☐ Work Samples
☐ Other: _____

☐ Other: _____

BENCHMARKS:

Include at least two Benchmarks for students working on Alternate Achievement Standards or for students in public agencies that require Benchmarks. Benchmarks are required for all students working on Alternate Achievement Standards. This includes academic goals and functional goals, regardless of whether it is a testing year.

| | |
|----------|------------------------|
| 1. _____ | Date of Mastery: _____ |
| 2. _____ | Date of Mastery: _____ |
| 3. _____ | Date of Mastery: _____ |
| 4. _____ | Date of Mastery: _____ |

INDIVIDUALIZED EDUCATION PROGRAM MEASURABLE ANNUAL GOAL PAGE

Purpose(s) of this page:

- To document the **AREA** for which the **MEASURABLE ANNUAL GOAL** is written.
- To document a statement of the student's **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE** in relation to the **AREA**.
- To document a statement of the **MEASURABLE ANNUAL GOAL**.
- To document **TYPE(S) OF EVALUATION(S) FOR ANNUAL GOAL**.
- To document **DATE OF MASTERY**.
- To document **BENCHMARKS** for all students being assessed by the AAA.

When to use this page:

- Use this page for the initial IEP, each annual IEP, and if necessary when making amendments to the IEP.
- Use this page for **MEASURABLE ANNUAL GOAL(s)** that the IEP Team addresses and to document **DATE OF MASTERY OF MEASURABLE ANNUAL GOAL** and, if appropriate, **BENCHMARKS**.
- Use this page any time goal(s), and/or benchmarks, are revised/changed.

Things to remember when completing this page:

- The IEP Team should determine and prioritize the students' needs for special education services.
- Academic goals are based on content standards listed in the *College- and Career-Ready Standards* and the *Alabama Course of Study*; academic goals for students with significant cognitive disabilities are based on *Alabama Alternate Achievement Standards*. Goals for preschool students ages three through five (who are not in Kindergarten) are based on the *Alabama Developmental Standards for Preschool Children*.
- Each IEP must be individualized based on the student's needs. Copying and pasting standards into the goal is not individualized and places the LEA in a very vulnerable litigious situation. The IEP must be written to address the student's unique needs and to provide educational benefit within one year or the length of the IEP.

AREA:

- Identify the **AREA** the **MEASURABLE ANNUAL GOAL** will address. The **AREA** may be an academic **AREA** (e.g., math, science), or a functional **AREA** (e.g., community participation, behavior).
- For all students participating in the *Alabama Alternate Assessment Program*, the following content areas must be addressed: English language arts, math, and functional skills.

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

- State how the student's disability affects his/her involvement and progress in the general education curriculum for that particular **AREA** of instruction, or for preschool students, how the disability affects the student's participation in age-appropriate activities.
- Information should be stated in a readily understandable way that is precise enough to understand what the student can do and in relation to what the student should be able to do in that **AREA** of instruction.
- There must be a direct relationship between the **AREA**, the **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE** and other components of the IEP, such as a **MEASURABLE ANNUAL GOAL** and **BENCHMARKS**, and **SPECIAL EDUCATION AND RELATED SERVICE(S)**.

INDIVIDUALIZED EDUCATION PROGRAM
MEASURABLE ANNUAL GOAL PAGE
(Continued)

MEASURABLE ANNUAL GOAL:

- Identify the area the **MEASURABLE ANNUAL GOAL** will address. The area may be core academic content area (e.g., math, science) and/or a functional area (e.g., community participation, communication, self-determination, behavior). For all students participating in the *Alabama Alternate Assessment Program*, measurable annual goals must be written for English language arts, math, and functional skills.
- Targets the individual needs of the student resulting from the student's disability and how the student's disability affects his/her involvement and progress in the general education curriculum. Specially designed instruction should address the unique needs of a student.
- Describes what a student can reasonably be expected to accomplish within one school year.
- Addresses the needs written in the **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**.
- Are measurable to the extent that they can be used to monitor the student's progress and assess the appropriateness of the special education services.
- Additional information on Standard-Based IEPs can be found on the special education Web page under Technical Assistance/IEP/Presentations.

TYPE(S) OF EVALUATION(S) FOR ANNUAL GOAL:

- Check each type of evaluation that will be used to evaluate the **MEASURABLE ANNUAL GOAL**. At least one must be chosen.
- If **Other** is checked, describe in the space provided. Evaluations listed on the IEP used to measure progress toward attaining the **MEASURABLE ANNUAL GOAL** do not require parental consent.

DATE OF MASTERY:

- Record the actual dates that the student masters the **MEASURABLE ANNUAL GOAL** and **BENCHMARKS**.

BENCHMARKS:

- Include at least two **BENCHMARKS** for students working on *Alternate Achievement Standards*.
- **BENCHMARKS** are required for all goals for students who follow/or being instructed with the AAS. This includes academic goals (reading and math) and functional goals, regardless of whether it is a testing year.
- **BENCHMARKS** must be included if required by the public agency.
- If **BENCHMARKS** are written they must contain the following:
 - Content to be learned or skills to be performed.
 - Measurable, intermediate steps or targeted sub skills between the **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE** and the **MEASURABLE ANNUAL GOAL**.
 - There must be at least two benchmarks per goal.

What happens next:

- Data must be maintained on each **MEASURABLE ANNUAL GOAL** to evaluate whether services are providing educational benefit. **Date of Mastery** should be noted when **MEASURABLE ANNUAL GOALS** and/or **BENCHMARKS** are mastered.

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: _____ DOB: _____

SPECIAL EDUCATION AND RELATED SERVICE(S): (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel.)

Special Education

| Service(s) | Anticipated Frequency of Service(s) | Amount of time | Beginning/Ending Duration Dates | Location of Service(s) |
|------------|-------------------------------------|----------------|---------------------------------|------------------------|
| | | | to | |
| | | | to | |

Related Services ☐ Needed ☐ Not Needed

| Service(s) | Anticipated Frequency of Service(s) | Amount of time | Beginning/Ending Duration Dates | Location of Service(s) |
|------------|-------------------------------------|----------------|---------------------------------|------------------------|
| | | | to | |
| | | | to | |

Supplementary Aids and Services ☐ Needed ☐ Not Needed

| Service(s) | Anticipated Frequency of Service(s) | Amount of time | Beginning/Ending Duration Dates | Location of Service(s) |
|------------|-------------------------------------|----------------|---------------------------------|------------------------|
| | | | to | |
| | | | to | |

Program Modifications ☐ Needed ☐ Not Needed

| Service(s) | Anticipated Frequency of Service(s) | Amount of time | Beginning/Ending Duration Dates | Location of Service(s) |
|------------|-------------------------------------|----------------|---------------------------------|------------------------|
| | | | to | |
| | | | to | |

Accommodations Needed for Assessments

☐ Needed ☐ Not Needed

| Service(s) | Anticipated Frequency of Service(s) | Amount of time | Beginning/Ending Duration Dates | Location of Service(s) |
|------------|-------------------------------------|----------------|---------------------------------|------------------------|
| | | | to | |
| | | | to | |

Assistive Technology ☐ Needed ☐ Not Needed

| Service(s) | Anticipated Frequency of Service(s) | Amount of time | Beginning/Ending Duration Dates | Location of Service(s) |
|------------|-------------------------------------|----------------|---------------------------------|------------------------|
| | | | to | |
| | | | to | |

Support for Personnel ☐ Needed ☐ Not Needed

| Service(s) | Anticipated Frequency of Service(s) | Amount of time | Beginning/Ending Duration Dates | Location of Service(s) |
|------------|-------------------------------------|----------------|---------------------------------|------------------------|
| | | | to | |
| | | | to | |

INDIVIDUALIZED EDUCATION PROGRAM SPECIAL EDUCATION AND RELATED SERVICE(S) PAGE

SPECIAL EDUCATION AND RELATED SERVICE(S):

Please note:

Under **Special Education** describe the specially designed instruction that will be provided for each area that is listed in the IEP. (Specially designed instruction is what the IEP Team has determined will assist the student in attaining the goals). Location must be completed for each service.

Anticipated Frequency of Service(s) is how often the service(s) will be provided (e.g., annual, bi-monthly, weekly, and daily) and **Amount of Time** should be documented. The **Amount of Time** is required for **Special Education and Related Services**. If the **Location of Service** and the **Anticipated Frequency of Service** is the same for more than one area, the **Amount of Time** may be written as the cumulative **Amount of Time** for all areas. For some services (i.e. testing accommodations) it is difficult to determine the exact **Amount of Time**; therefore, the service itself should be self-explanatory. For example: When tested, the student will have the test read to him/her. More importantly, all IEP Team members should understand what services will be provided and ensure that the services are documented and implemented as per the IEP Team's understanding.

Beginning/Ending Duration Dates are the start to finish of services and may be different for each area listed and may be different from the **Initiation/Duration Dates**. **Location of Services(s)** is required and must list the specific location where the service will be provided (e.g., regular education classroom, resource room, school bus, lunchroom, gym). **Location of Service** may be different for each area listed. **Location of Services** assists in determining the appropriate LRE code.

Describe the specially designed instruction that addresses the unique need(s) of the student. The **SPECIAL EDUCATION AND RELATED SERVICE(S)** in the IEP must be based on peer-reviewed research, which means there is reliable evidence that the program or services are effective. The IEP Team should have strong evidence of the effectiveness of instructional programs and other services before proposing them in an IEP. Peer-reviewed research also applies to nonacademic areas such as behavioral interventions. **Special Education** must be completed for all students. **Needed or Not Needed** must be checked for all other services on this form.

- **Special Education** must be completed for all students with an IEP and is defined as adapting the content, methodology, or delivery of instruction to address the unique needs of the student that result from his/her disability. Services provided must ensure the child has access to the general curriculum, so that the educational standards within the jurisdiction of the public agency, which apply to all children, can be met. **NOTE:** For students whose area of disability is Speech or Language Impairment, as documented on the most current *Notice and Eligibility Decision Regarding Special Education Services* form, enter Speech or Language services in the **Special Education Services** section. Accommodations alone do not constitute **Special Education Services**. **Special Education Services** must be described in the detail box in a manner that all IEP Team members understand.
- **Related Services** should include services necessary for the student to benefit from **Special Education**. When addressed, related services must be written in detail. Examples of Related Services include audiology services, counseling services, including rehabilitation counseling services, early identification and assessment of disabilities in children, interpreting services, medical services (for diagnostic or evaluation purposes only), occupational therapy, parent counseling and training, physical therapy, psychological services, recreation, including therapeutic recreation, speech-language pathology (as an additional service), social work services in schools, school nurse services, school health services, and orientation and mobility services. Related services do not include a medical device that is surgically implanted, the optimization of that device's functioning (e.g., mapping), maintenance of that device, or the replacement of that device.

**INDIVIDUALIZED EDUCATION PROGRAM
SPECIAL EDUCATION AND RELATED SERVICE(S) PAGE
(Continued)**

- **Supplementary Aids and Services** should include accommodations that consist of aids, services, and other supports that are provided in regular education classes or other education-related settings to enable a student with a disability to be educated with nondisabled students to the maximum extent appropriate in accordance with their least restrictive environment. Examples include tutoring, adult assistance, note-taking, peer helper, preteaching/reteaching or reinforcing concepts, behavior management plan, point sheet, assigned seating, etc. When accommodations are made for the student with disabilities, the content standards are the same and the student can earn course credits. **This section should not include accommodations for classroom, district-wide, or state assessments.**
- **Program Modifications** should include changes made to the content of the curriculum due to the unique needs arising from the student's disability. When course content is modified, the student is not pursuing the content prescribed in the applicable course of study and cannot earn course credit.
- **Accommodations Needed for Assessments** should be completed for all students taking classroom and district-wide assessments. The only accommodations that are allowed for state assessments are those accommodations that are listed on the "IEP Accommodations Checklist." There must be documentation that the same or similar accommodations needed for state and district-wide assessments are provided on an on-going basis for classroom assessments that students take throughout the school year. Examples of **Accommodations Needed for Assessments** include additional time for tasks, organizational aids, highlighter, mnemonics, adapting assignments/tasks, reformatting assessments, audio tapes, large print books, Braille, calculators, word processor, special seating, etc. Record all accommodations the student needs for assessments regardless of whether the accommodations are allowed on state assessments.
- **Assistive Technology** should include any device(s) and/or service(s) needed that is used to increase, maintain, or improve the functional capabilities of a child with a disability. Examples include voice output devices, word processors, electronic books, talking calculators, alternate computer keyboards, switches, adapted chair, sidelyer, stander, screen magnifier, FM system, adaptive sporting equipment, walker, etc. Assistive Technology does not include a medical device that is surgically implanted, or the replacement of such device.
- **Support for Personnel** should include any training or support provided to public agency staff regarding the student's specific need(s). Examples include the training on a specific syndrome or technique, training on an assistive technology device, content-area workshop, etc.

If the IEP Team determines that there is no need for specially designed instruction and/or the student can work successfully in the regular education environment without specially designed instruction, the IEP Team should discuss the need for reevaluation to determine if this student continues to be a student in need of special education services.

FOR STATE TESTING FORMS

To access **State Testing Forms**

Follow this link: <http://www.alsde.edu/sec/sa/Pages/specialpopulations-all.aspx>

OR

GO TO: www.alsde.edu

Click on Department Offices

Under Office of Evaluation and Innovation

Click on Student Assessment: Special Populations

Click on Forms

To access the **Manual:**

GO TO: www.alsde.edu

Click on Department Offices

Under Office of Evaluation and Innovation

Click on Student Assessment: Special Populations

Click on Manuals

Click on Alabama State Department of Education Student Assessment Program Policies and Procedures for Students of Special Populations Revised November 2016 (Special Populations Manual)

To access the **Decision Chart** for annual testing:

GO TO: www.alsde.edu

Click on Department Offices

Under Office of Evaluation and Innovation

Click on Student Assessment: Special Populations

Click on Decision Charts

To access the **Checklist** for annual testing:

GO TO: www.alsde.edu

Click on Department Offices

Under Office of Evaluation and Innovation

Click on Student Assessment: Special Populations

Click on Checklists

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: _____

DOB: _____

TRANSFER OF RIGHTS

(Beginning not later than the IEP that will be in effect when the student reaches 18 years of age.)

Date student was informed that the rights under the IDEA will transfer to him/her at the age of 19 _____

EXTENDED SCHOOL YEAR SERVICES (ESY)

The IEP Team has considered the need for extended school year services. ☐ Yes ☐ No

LEAST RESTRICTIVE ENVIRONMENT

Does this student attend the school (or for a preschool-age student, participate in the environment) he/she would attend if nondisabled? ☐ Yes ☐ No

If no, explain:

Does this student receive all special education services with nondisabled peers? ☐ Yes ☐ No
If no, explain (explanation may not be solely because of needed modifications in the general curriculum):☐ 6-21 YEARS OF AGE☐ 3-5 YEARS OF AGE

Least Restricted Environment:

COPY OF IEP

Was a copy of the IEP given to parent/student (age 19) at the IEP Team meeting?

☐ Yes ☐ No

If no, date sent: _____

COPY OF SPECIAL EDUCATION RIGHTS

Was a copy of the *Special Education Rights* given to parent/student (age 19) at the IEP Team meeting?☐ Yes ☐ No

If no, date sent: _____

Date copy of **amended** IEP provided/sent to parent/student (age 19): _____

THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP.

| Position | Signature | Date |
|--|-----------|------|
| Parent | | |
| Parent | | |
| General Education Teacher | | |
| Special Education Teacher | | |
| LEA Representative | | |
| Someone Who Can Interpret the Instructional Implications of the Evaluation Results | | |
| Student | | |
| Career/Technical Education Representative | | |
| Other Agency Representative | | |
| | | |
| | | |

INFORMATION FROM PEOPLE NOT IN ATTENDANCE

| Position | Name | Date |
|----------|------|------|
| | | |
| | | |

CHILD COUNT LEAST RESTRICTIVE EDUCATIONAL ENVIRONMENT CODES

| CODE | MEANING |
|---|--|
| To be used for children 6 - 21 years of age only | |
| 01 | 100% to 80% of the Day Inside the Regular Education Environment |
| 03 | 79% to 40% of the Day Inside the Regular Education Environment |
| 04 | Less Than 40% of the Day Inside the Regular Education Environment |
| 05 | Private School (Parentally Placed) |
| 06 | Separate School - Public Day School Greater Than 50% of the Day |
| 07 | Separate School - Private Day School Greater Than 50% of the Day |
| 08 | Homebound |
| 09 | Hospital |
| 10 | Public Residential School Greater Than 50% of the Day |
| 11 | Private Residential School Greater Than 50% of the Day |
| 40 | Short Term Detention (Community or Residential) or Correctional Facilities |
| To be used for children 3 - 5 years of age only | |
| 20 | Regular Early Childhood Program At Least 10 Hrs. Per Week – Receiving Majority of Special Education Services in the Regular Early Childhood Environment |
| 21 | Regular Early Childhood Program At Least 10 Hrs. Per Week – Receiving Majority of Special Education Services in Other Location |
| 22 | Regular Early Childhood Program Less Than 10 Hrs. Per Week – Receiving Majority of Special Education Services in the Regular Early Childhood Environment |
| 23 | Regular Early Childhood Program Less Than 10 Hrs. Per Week – Receiving Majority of Special Education Services in Other Location |
| 18 | Separate Class: Attending a Special Education Program--Not Attending a Regular Early Childhood Program or Kindergarten |
| 17 | Separate School: Attending a Special Education Program--Not Attending a Regular Early Childhood Program or Kindergarten |
| 16 | Residential Facility: Attending a Special Education Program--Not Attending a Regular Early Childhood Program or Kindergarten |
| 19 | Service Provider Location: Not Attending a Special Education Program or a Regular Early Childhood Program or Kindergarten |
| 14 | Home: Not Attending a Special Education Program or a Regular Early Childhood Program or Kindergarten |

INDIVIDUALIZED EDUCATION PROGRAM SIGNATURE PAGE

Purpose(s) of this page:

- To document Transfer of Rights.
- To document the IEP Team has considered the need for Extended School Year services.
- To document **LEAST RESTRICTIVE ENVIRONMENT (LRE)** and the explanation of any removal from the regular education classroom/environment/nondisabled peers.
- To document a copy of the **IEP** was given/sent to the parent or student (age 19 and older).
- To document a copy of the *Special Education Rights* was given/sent to the parent or student (age 19 and older).
- To document a copy of the **amended** IEP was given/sent to the parent or student (age 19 and older).
- To document all required IEP Team members participated in the development of the IEP.
- To document the consideration of information from persons not in attendance.

When to use this page:

- Use this page for the initial IEP, each annual review, each annual IEP, and if necessary, when making amendments to the IEP.

Things to remember when completing this page: TRANSFER OF RIGHTS

- Record the date the student **was informed** that the rights under the IDEA will transfer at the age of 19.
- This section must be completed no later than the first IEP that will be in effect when the student reaches 18 years of age.
- The date that the student was first informed that the rights will transfer to him/her at age 19 is the date that should be recorded in any subsequent IEPs.
- All notices must be sent to both the parent and the student (age 19 and older) when the student reaches the age of majority (age 19).

EXTENDED SCHOOL YEAR SERVICES

- **Extended School Year (ESY) Services:** The IEP Team must consider extended school year services annually, for the child based on the AAC 290-8-9.05(9), if ESY services are necessary, for the provision of FAPE. The length of a program for a child with a disability may not be limited to the regular school term/year if an interruption in educational services is likely to deny a child FAPE.
- Checking **YES** for the extended school year services question does not mean that services must be provided but that services were considered. One criteria that may be considered by the child's IEP Team is if significant regression, caused by an interruption in educational services, renders it unlikely that the child will regain critical skills even after an appropriate recoupment period. The type, amount, and duration of services are an IEP Team's decision based on date.

LRE:

The LRE must be based on the IEP, determined by the IEP Team at least annually, be as close as possible to the student's home, and in the school that he/she would attend if nondisabled, unless the IEP requires some other arrangement. A student with a disability cannot be removed from his/her age-appropriate regular education classroom solely because of needed modifications in the general education curriculum. For preschool students, participation in the environment they would if nondisabled may be participation in a daycare, preschool, home, etc.

- Check **YES** or **NO** for each statement under LRE. If **NO** is checked explain in the space provided stating why the student is being removed from the regular education classroom. The explanation should not be based on the disability area of the student.

**INDIVIDUALIZED EDUCATION PROGRAM
SIGNATURE PAGE
(Continued)**

- Remember to work through the continuum of services questions:
 1. Can this student complete all course requirements in the regular education class without accommodations?
 2. If the answer to #1 is no, can the student complete all course requirements in the regular education class with accommodations?
 3. If the answer to #2 is no, explain clearly why the student should be removed from the regular education classroom/environment/nondisabled peers.
- Select **6-21 YEARS OF AGE** or **3-5 YEARS OF AGE**, then select the appropriate LRE from the drop-down box.
- Please refer to the Child Count Least Restrictive Educational Environment Codes located on (Page 97) of this document.

COPY OF IEP:

- Check **YES** or **NO**. If **NO** is checked, enter the date in the space provided that a copy of the IEP was sent to the parent or student (age 19 and older).

COPY OF SPECIAL EDUCATION RIGHTS:

- Check **YES** or **NO**. If **NO** is checked, enter the date in the space provided that a copy of the **SPECIAL EDUCATION RIGHTS** was sent to the parent or student (age 19 and older) within the past year.

A copy of the **amended** IEP must be sent to the parent or student (age 19 and older) and the date the amended IEP was sent must be recorded in the space provided.

If the parent, or student (age 19 and older), or teacher(s) has reason to suspect that the IEP needs revision, an IEP Team meeting may be requested at any time. The public agency must conduct the IEP Team meeting **within 30-calendar days** of the receipt of the request.

THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP:

The annual review due by date is calculated based on the IEP signature date of the previous IEP. The IEP must be **reviewed** by the annual review date (signature date plus one year). When the IEP is reviewed, the IEP Team may review the current IEP and write a new IEP, or in some cases the new IEP can be delayed for a reasonable period of time. The **DURATION DATE** (ending date) **is the date that the IEP expires; therefore, that date must be considered before the decision is made to delay the writing of a new IEP.**

Each student's IEP Team must include all required IEP Team members to develop the IEP.

- The IEP Team members who participate in the meeting must sign this page. If a person participates in the IEP Team meeting by phone, the attendance should be documented by the person's name on the signature line. For example, "parent participated by phone" should be written on the signature line. Do not collect signatures at a later date.
- Type in the name of each IEP Team member that participated in the meeting on the individual signature line when completing the form in SETS. Maintain the original signature page in the student's folder.
- If an IEP Team member is serving in two positions at the IEP Team meeting (e.g., special education teacher is also serving as someone who can interpret the instructional implications of the evaluation results) he/she should sign his/her name by each position he/she is representing.

A member of the IEP Team, (as listed in the federal regulations and AAC as required IEP Team members), is not required to attend an IEP Team meeting, in whole or in part, if the parent of a child with a disability or student (age 19 and older) and the public agency agree, in writing, that the attendance of the member is not necessary because the member's area of the curriculum or related services is not being modified or discussed in the meeting.