Your School/District _____ SpEd 6a2 04.08

Your City _____

Individualized Education Program (IEP)

Student _____ Birthdate _____ Date of IEP _____

Classification _____ Grade _____

Services needed to advance toward annual goals and to be involved and progress in the general curriculum.
Services based on peer reviewed research to the extent practicable.
G = General education class, S = Special education class including resource, O = Other, D = Daily, W = Weekly, M = Monthly

•**Special education services** (e.g. reading comp., math calc., social skills**)**

	Location	Amount of Time	Frequency
_____	☐ G ☐ S ☐ O_____	_____	☐ D ☐ W ☐ M _____
_____	☐ G ☐ S ☐ O_____	_____	☐ D ☐ W ☐ M _____
_____	☐ G ☐ S ☐ O_____	_____	☐ D ☐ W ☐ M _____
_____	☐ G ☐ S ☐ O_____	_____	☐ D ☐ W ☐ M _____

•**Related services** (if required for student to benefit from special education)

_____	☐ G ☐ S ☐ O_____	_____	☐ D ☐ W ☐ M _____
_____	☐ G ☐ S ☐ O_____	_____	☐ D ☐ W ☐ M _____
_____	☐ G ☐ S ☐ O_____	_____	☐ D ☐ W ☐ M _____
_____	☐ G ☐ S ☐ O_____	_____	☐ D ☐ W ☐ M _____

☐ Check if transportation will be provided as a related service.

•**Program modifications or supports for school personnel and/or supplementary aids and services to student or on behalf of student in regular education programs**

	Frequency
_____	☐ D ☐ W ☐ M _____
_____	☐ D ☐ W ☐ M _____
_____	☐ D ☐ W ☐ M _____
_____	☐ D ☐ W ☐ M _____

•Projected date of initiation of these services, if other than date of IEP: _____

•Anticipated duration of the services: One year from initiation date, or other: _____

Regular Curriculum, Extra-curricular and Non-academic Activities

Except for special education class times and others noted above, the student will participate in the regular class, regular PE, extra-curricular and non-academic activities to the same extent as non-disabled students, or other exceptions (specify and explain).

Participation in Statewide and District-wide Assessment (See attached addendum)

If the IEP team determines that the student must take an alternate assessment to a particular regular state or district-wide assessment of student achievement, include a statement of why the student cannot participate in the regular assessment and why the particular alternate assessment selected is appropriate for the student.

The IEP team considered the following special factors:

Behavioral strategies for the student whose behavior impedes his or her learning or that of others. ☐ No strategies needed ☐ Strategies addressed in IEP and team referred to the *USOE Special Education LRBI Guidelines*

Language needs for the limited English proficient student. ☐ No action needed ☐ Needs addressed in IEP

Braille instruction for the student who is blind or visually impaired. ☐ No Braille instruction needed ☐ Braille instruction addressed on IEP

Communication needs for this student, and if this is a student who is deaf or hard of hearing, consider their language and communication mode as well as other special communication needs. ☐ No communication needs ☐ Communication needs addressed in IEP

Assistive technology devices and services for the student who, without them, would not benefit from special education. ☐ No assistive technology needed ☐ Assistive technology addressed in IEP

Assistive technology access needed in the home in order to receive FAPE? ☐ Yes ☐ No ☐N/A