

**SCHOOL DISTRICT IDENTIFYING INFORMATION**

**STUDENT INFORMATION SUMMARY**

<b>STUDENT NAME:</b>	<b>LOCAL STUDENT ID #:</b>
<b>AGE:</b>	<b>DATE IEP DEVELOPED / DATE OF COMMITTEE MEETING:</b>
<b>DATE OF BIRTH:</b>	<b>TYPE OF MEETING:</b>
<b>DISABILITY CLASSIFICATION:</b>	

<b>ADDRESS:</b>	<b>ELIGIBLE FOR 12-MONTH SERVICE AND/OR PROGRAM: YES <input type="checkbox"/> NO <input type="checkbox"/></b>
<b>TELEPHONE #:</b>	<b>PROJECTED DATE OF ANNUAL REVIEW MEETING:</b>
<b>COUNTY OF RESIDENCE:</b>	<b>PROJECTED DATE OF THREE-YEAR REEVALUATION:</b>
<b>MALE <input type="checkbox"/> FEMALE <input type="checkbox"/></b>	<b>CURRENT GRADE / GRADE EQUIVALENT:</b>
<b>NATIVE LANGUAGE OF STUDENT:</b>	<b>CREDITS EARNED TOWARD GRADUATION WITH A REGENTS OR LOCAL DIPLOMA:</b>
<b>INTERPRETER FOR STUDENT NEEDED: YES <input type="checkbox"/> NO <input type="checkbox"/></b>	<b>DIPLOMA TYPE EXPECTED:</b>
<b>IF YES, SPECIFY LANGUAGE:</b>	<b>STUDENT WITH LIMITED ENGLISH PROFICIENCY: YES <input type="checkbox"/> NO <input type="checkbox"/></b>
<b>RACIAL/ETHNIC GROUP OF STUDENT:</b>	<b>MEDICAL ALERTS AND/OR CONCERNS:</b>
<b>SURROGATE PARENT NEEDED: YES <input type="checkbox"/> NO <input type="checkbox"/></b>	<b>TRANSPORTATION:</b>
	<input type="checkbox"/> <b>PER DISTRICT POLICY</b>
	<input type="checkbox"/> <b>SPECIAL TRANSPORTATION REQUIRED</b>
	<b>TRANSPORTATION OPTIONS FOR PRESCHOOL CHILD:</b>
	<input type="checkbox"/> <b>NO TRANSPORTATION NEEDED</b>
	<input type="checkbox"/> <b>TRANSPORTATION PROVIDED BY MUNICIPALITY</b>
	<input type="checkbox"/> <b>PARENT WILL TRANSPORT CHILD AT PUBLIC EXPENSE</b>
<b>MEETING PARTICIPANTS:</b>	

**School District Identifying Information**

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

<b>STUDENT NAME:</b>	<b>DISABILITY CLASSIFICATION:</b>
<b>DATE OF BIRTH:</b>	<b>LOCAL ID #:</b>
<b>PROJECTED DATE IEP IS TO BE IMPLEMENTED:</b>	<b>PROJECTED DATE OF ANNUAL REVIEW:</b>

**PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS**

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

**EVALUATION RESULTS (INCLUDING FOR SCHOOL-AGE STUDENTS, PERFORMANCE ON STATE AND DISTRICT-WIDE ASSESSMENTS)**

**ACADEMIC ACHIEVEMENT, FUNCTIONAL PERFORMANCE AND LEARNING CHARACTERISTICS**

LEVELS OF KNOWLEDGE AND DEVELOPMENT IN SUBJECT AND SKILL AREAS INCLUDING ACTIVITIES OF DAILY LIVING, LEVEL OF INTELLECTUAL FUNCTIONING, ADAPTIVE BEHAVIOR, EXPECTED RATE OF PROGRESS IN ACQUIRING SKILLS AND INFORMATION, AND LEARNING STYLE:

STUDENT STRENGTHS, PREFERENCES, INTERESTS:

ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:

**SOCIAL DEVELOPMENT**

THE DEGREE (EXTENT) AND QUALITY OF THE STUDENT'S RELATIONSHIPS WITH PEERS AND ADULTS; FEELINGS ABOUT SELF; AND SOCIAL ADJUSTMENT TO SCHOOL AND COMMUNITY ENVIRONMENTS:

STUDENT STRENGTHS:

SOCIAL DEVELOPMENT NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:

**PHYSICAL DEVELOPMENT**

THE DEGREE (EXTENT) AND QUALITY OF THE STUDENT'S MOTOR AND SENSORY DEVELOPMENT, HEALTH, VITALITY AND PHYSICAL SKILLS OR LIMITATIONS WHICH PERTAIN TO THE LEARNING PROCESS:

STUDENT STRENGTHS:

PHYSICAL DEVELOPMENT NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:

**MANAGEMENT NEEDS**

THE NATURE (TYPE) AND DEGREE (EXTENT) TO WHICH ENVIRONMENTAL AND HUMAN OR MATERIAL RESOURCES ARE NEEDED TO ADDRESS NEEDS IDENTIFIED ABOVE:

**EFFECT OF STUDENT NEEDS ON INVOLVEMENT AND PROGRESS IN THE GENERAL EDUCATION CURRICULUM OR, FOR A PRESCHOOL STUDENT, EFFECT OF STUDENT NEEDS ON PARTICIPATION IN APPROPRIATE ACTIVITIES****STUDENT NEEDS RELATING TO SPECIAL FACTORS**

BASED ON THE IDENTIFICATION OF THE STUDENT'S NEEDS, THE COMMITTEE MUST CONSIDER WHETHER THE STUDENT NEEDS A PARTICULAR DEVICE OR SERVICE TO ADDRESS THE SPECIAL FACTORS AS INDICATED BELOW, AND IF SO, THE APPROPRIATE SECTION OF THE IEP MUST IDENTIFY THE PARTICULAR DEVICE OR SERVICE(S) NEEDED.

Does the student need strategies, including positive behavioral interventions, supports and other strategies to address behaviors that impede the student's learning or that of others?  Yes  No

Does the student need a behavioral intervention plan?  No  Yes:

For a student with limited English proficiency, does he/she need a special education service to address his/her language needs as they relate to the IEP?

Yes  No  Not Applicable

For a student who is blind or visually impaired, does he/she need instruction in Braille and the use of Braille?  Yes  No  Not Applicable

Does the student need a particular device or service to address his/her communication needs?  Yes  No

In the case of a student who is deaf or hard of hearing, does the student need a particular device or service in consideration of the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode?

Yes  No  Not Applicable

Does the student need an assistive technology device and/or service?  Yes  No

If yes, does the Committee recommend that the device(s) be used in the student's home?  Yes  No

BEGINNING NOT LATER THAN THE FIRST IEP TO BE IN EFFECT WHEN THE STUDENT IS AGE 15 (AND AT A YOUNGER AGE IF DETERMINED APPROPRIATE)

**MEASURABLE POSTSECONDARY GOALS**

LONG-TERM GOALS FOR LIVING, WORKING AND LEARNING AS AN ADULT

**EDUCATION/TRAINING:**

**EMPLOYMENT:**

**INDEPENDENT LIVING SKILLS (WHEN APPROPRIATE):**

**TRANSITION NEEDS**

In consideration of present levels of performance, transition service needs of the student that focus on the student's courses of study, taking into account the student's strengths, preferences and interests as they relate to transition from school to post-school activities:

**MEASURABLE ANNUAL GOALS**

THE FOLLOWING GOALS ARE RECOMMENDED TO ENABLE THE STUDENT TO BE INVOLVED IN AND PROGRESS IN THE GENERAL EDUCATION CURRICULUM, ADDRESS OTHER EDUCATIONAL NEEDS THAT RESULT FROM THE STUDENT'S DISABILITY, AND PREPARE THE STUDENT TO MEET HIS/HER POSTSECONDARY GOALS.

<b>ANNUAL GOALS</b> WHAT THE STUDENT WILL BE EXPECTED TO ACHIEVE BY THE END OF THE YEAR IN WHICH THE IEP IS IN EFFECT	<b>CRITERIA</b> MEASURE TO DETERMINE IF GOAL HAS BEEN ACHIEVED	<b>METHOD</b> HOW PROGRESS WILL BE MEASURED	<b>SCHEDULE</b> WHEN PROGRESS WILL BE MEASURED

**REPORTING PROGRESS TO PARENTS**

Identify when periodic reports on the student's progress toward meeting the annual goals will be provided to the student's parents:

**ALTERNATE SECTION FOR STUDENTS WHOSE IEPs WILL INCLUDE SHORT-TERM INSTRUCTIONAL OBJECTIVES AND/OR BENCHMARKS  
(REQUIRED FOR PRESCHOOL STUDENTS AND FOR SCHOOL-AGE STUDENTS WHO MEET ELIGIBILITY CRITERIA TO TAKE THE NEW YORK STATE ALTERNATE ASSESSMENT)**

**MEASURABLE ANNUAL GOALS**

THE FOLLOWING GOALS ARE RECOMMENDED TO ENABLE THE STUDENT TO BE INVOLVED IN AND PROGRESS IN THE GENERAL EDUCATION CURRICULUM OR, FOR A PRESCHOOL CHILD, IN APPROPRIATE ACTIVITIES, ADDRESS OTHER EDUCATIONAL NEEDS THAT RESULT FROM THE STUDENT'S DISABILITY, AND, FOR A SCHOOL-AGE STUDENT, PREPARE THE STUDENT TO MEET HIS/HER POSTSECONDARY GOALS.

ANNUAL GOAL WHAT THE STUDENT WILL BE EXPECTED TO ACHIEVE BY THE END OF THE YEAR IN WHICH THE IEP IS IN EFFECT	CRITERIA MEASURE TO DETERMINE IF GOAL HAS BEEN ACHIEVED	METHOD HOW PROGRESS WILL BE MEASURED	SCHEDULE WHEN PROGRESS WILL BE MEASURED

SHORT-TERM INSTRUCTIONAL OBJECTIVES AND/OR BENCHMARKS (INTERMEDIATE STEPS BETWEEN THE STUDENT'S PRESENT LEVEL OF PERFORMANCE AND THE MEASURABLE ANNUAL GOAL):

ANNUAL GOAL	CRITERIA	METHOD	SCHEDULE

SHORT-TERM INSTRUCTIONAL OBJECTIVES AND/OR BENCHMARKS (INTERMEDIATE STEPS BETWEEN THE STUDENT'S PRESENT LEVEL OF PERFORMANCE AND THE MEASURABLE ANNUAL GOAL):

ANNUAL GOAL	CRITERIA	METHOD	SCHEDULE

SHORT-TERM INSTRUCTIONAL OBJECTIVES AND/OR BENCHMARKS (INTERMEDIATE STEPS BETWEEN THE STUDENT'S PRESENT LEVEL OF PERFORMANCE AND THE MEASURABLE ANNUAL GOAL):

(DUPLICATE TABLE/ROWS AS NEEDED)

**REPORTING PROGRESS TO PARENTS**

Identify when periodic reports on the student's progress toward meeting the annual goals will be provided to the student's parents:

**RECOMMENDED SPECIAL EDUCATION PROGRAMS AND SERVICES**

<b>SPECIAL EDUCATION PROGRAM/SERVICES</b>	<b>SERVICE DELIVERY RECOMMENDATIONS*</b>	<b>FREQUENCY HOW OFTEN PROVIDED</b>	<b>DURATION LENGTH OF SESSION</b>	<b>LOCATION WHERE SERVICE WILL BE PROVIDED</b>	<b>PROJECTED BEGINNING/ SERVICE DATE(S)</b>
<b>SPECIAL EDUCATION PROGRAM:</b>					
<b>RELATED SERVICES:</b>					
<b>SUPPLEMENTARY AIDS AND SERVICES/PROGRAM MODIFICATIONS/ACCOMMODATIONS:</b>					
<b>ASSISTIVE TECHNOLOGY DEVICES AND/OR SERVICES:</b>					
<b>SUPPORTS FOR SCHOOL PERSONNEL ON BEHALF OF THE STUDENT:</b>					

\* Identify, if applicable, class size (maximum student-to-staff ratio), language if other than English, group or individual services, direct and/or indirect consultant teacher services or other service delivery recommendations.

**12-MONTH SERVICE AND/OR PROGRAM** – Student is eligible to receive special education services and/or program during July/August:  No  Yes

If yes:

Student will receive the same special education program/services as recommended above.

OR

Student will receive the following special education program/services:

SPECIAL EDUCATION PROGRAM/SERVICES	SERVICE DELIVERY RECOMMENDATIONS	FREQUENCY	DURATION	LOCATION	PROJECTED BEGINNING/SERVICE DATE(S)

Name of school/agency provider of services during July and August:

For a preschool student, reason(s) the child requires services during July and August:

**TESTING ACCOMMODATIONS** (TO BE COMPLETED FOR PRESCHOOL CHILDREN ONLY IF THERE IS AN ASSESSMENT PROGRAM FOR NONDISABLED PRESCHOOL CHILDREN):  
 INDIVIDUAL TESTING ACCOMMODATIONS, SPECIFIC TO THE STUDENT'S DISABILITY AND NEEDS, TO BE USED CONSISTENTLY BY THE STUDENT IN THE RECOMMENDED EDUCATIONAL PROGRAM AND IN THE ADMINISTRATION OF DISTRICT-WIDE ASSESSMENTS OF STUDENT ACHIEVEMENT AND, IN ACCORDANCE WITH DEPARTMENT POLICY, STATE ASSESSMENTS OF STUDENT ACHIEVEMENT

TESTING ACCOMMODATION	CONDITIONS*	IMPLEMENTATION RECOMMENDATIONS**
<input type="checkbox"/> NONE		

\*Conditions – Test Characteristics: Describe the type, length, purpose of the test upon which the use of testing accommodations is conditioned, if applicable.

\*\*Implementation Recommendations: Identify the amount of extended time, type of setting, etc., specific to the testing accommodations, if applicable.

BEGINNING NOT LATER THAN THE FIRST IEP TO BE IN EFFECT WHEN THE STUDENT IS AGE 15 (AND AT A YOUNGER AGE, IF DETERMINED APPROPRIATE).

**COORDINATED SET OF TRANSITION ACTIVITIES**

NEEDED ACTIVITIES TO FACILITATE THE STUDENT'S MOVEMENT FROM SCHOOL TO POST-SCHOOL ACTIVITIES	SERVICE/ACTIVITY	SCHOOL DISTRICT/ AGENCY RESPONSIBLE
Instruction		
Related Services		
Community Experiences		
Development of Employment and Other Post-school Adult Living Objectives		
Acquisition of Daily Living Skills (if applicable)		
Functional Vocational Assessment (if applicable)		

**PARTICIPATION IN STATE AND DISTRICT-WIDE ASSESSMENTS**

(TO BE COMPLETED FOR PRESCHOOL STUDENTS ONLY IF THERE IS AN ASSESSMENT PROGRAM FOR NONDISABLED PRESCHOOL STUDENTS)

- The student will participate in the same State and district-wide assessments of student achievement that are administered to general education students.
- The student will participate in an alternate assessment on a particular State or district-wide assessment of student achievement.  
Identify the alternate assessment:  
Statement of why the student cannot participate in the regular assessment and why the particular alternate assessment selected is appropriate for the student:

**PARTICIPATION WITH STUDENTS WITHOUT DISABILITIES**

REMOVAL FROM THE GENERAL EDUCATION ENVIRONMENT OCCURS ONLY WHEN THE NATURE OR SEVERITY OF THE DISABILITY IS SUCH THAT, EVEN WITH THE USE OF SUPPLEMENTARY AIDS AND SERVICES, EDUCATION CANNOT BE SATISFACTORILY ACHIEVED.

**FOR THE PRESCHOOL STUDENT:**

Explain the extent, if any, to which the student will not participate in appropriate activities with age-appropriate nondisabled peers (e.g., percent of the school day and/or specify particular activities):

**FOR THE SCHOOL-AGE STUDENT:**

Explain the extent, if any, to which the student will not participate in regular class, extracurricular and other nonacademic activities (e.g., percent of the school day and/or specify particular activities):

If the student is not participating in a regular physical education program, identify the extent to which the student will participate in specially-designed instruction in physical education, including adapted physical education:

EXEMPTION FROM LANGUAGE OTHER THAN ENGLISH DIPLOMA REQUIREMENT:  No  Yes - The Committee has determined that the student's disability adversely affects his/her ability to learn a language and recommends the student be exempt from the language other than English requirement.



**SPECIAL TRANSPORTATION**

TRANSPORTATION RECOMMENDATION TO ADDRESS NEEDS OF THE STUDENT RELATING TO HIS/HER DISABILITY

None.

Student needs special transportation accommodations/services as follows:

Student needs transportation to and from special classes or programs at another site:

**PLACEMENT RECOMMENDATION**