

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

FACTORS TO CONSIDER

General

The IEP team must consider each of the following:

The strengths of the student:

Input from the parent/student for enhancing the education of the student

The results of the most recent evaluation(s) of the student which may include formal/informal assessments, individual, state and/or district-wide testing:

Special Factors

The IEP team must consider the following for the student (check boxes to indicate consideration):

- The communication needs of the student.
- The need for assistive technology devices and services for the student.

The IEP team must consider the following for the student, as appropriate (check all that apply):

- The use of positive behavioral interventions and supports, and other strategies, to address behavior because the student has behavior that impedes his or her learning or the learning of others.
- The language needs of the student because the student has limited English proficiency.
- Braille instruction because the student is blind or visually impaired.
- The mode of language and communication because the student is deaf or hard of hearing.

Present Level of Academic Achievement and Functional Performance

After reviewing the student's progress in the general education curriculum and any prior special education goals and objectives, describe how the student accesses or makes progress in the general education curriculum based on grade level content standards for the grade in which the student is enrolled or would be enrolled based on age.

Baseline Data Report and describe baseline data such as curriculum-based assessments, student work, teacher observations, parent input, and other relevant data for each area of need.	
Impact and Resulting Needs Describe how the student's academic, developmental, and functional needs affect involvement and progress in the general education curriculum or participation in appropriate activities for preschool or post-secondary students.	
GENERAL EDUCATION CURRICULUM – READING <input type="checkbox"/> Considered, not applicable <i>Involvement and progress in the general education curriculum, or participation in age-appropriate activities for preschool students.</i>	
Baseline Data:	
Impact:	
Resulting Needs:	
GENERAL EDUCATION CURRICULUM – WRITING <input type="checkbox"/> Considered, not applicable <i>Involvement and progress in the general education curriculum, or participation in age-appropriate activities for preschool students.</i>	
Baseline Data:	
Impact:	
Resulting Needs:	
GENERAL EDUCATION CURRICULUM – MATH <input type="checkbox"/> Considered, not applicable <i>Involvement and progress in the general education curriculum, or participation in age-appropriate activities for preschool students.</i>	
Baseline Data:	
Impact:	
Resulting Needs:	
SECONDARY TRANSITION ASSESSMENTS <input type="checkbox"/> Considered, not applicable <i>Age-appropriate assessment related to training, education, employment, and independent living skills.</i>	
Baseline Data:	
Impact:	
Resulting Needs:	
COMMUNICATION/SPEECH & LANGUAGE <input type="checkbox"/> Considered, not applicable	
Baseline Data:	
Impact:	
Resulting Needs:	
SOCIO-EMOTIONAL/BEHAVIORAL <input type="checkbox"/> Considered, not applicable	
Baseline Data:	
Impact:	
Resulting Needs:	
PERCEPTION/MOTOR/MOBILITY <input type="checkbox"/> Considered, not applicable <i>Gross and fine motor coordination, balance, and limb/body mobility.</i>	
Baseline Data:	
Impact:	
Resulting Needs:	

ADAPTIVE/INDEPENDENT LIVING SKILLS <input type="checkbox"/> Considered, not applicable <i>Skills for academic success and independent living.</i>	
Baseline Data:	
Impact:	
Resulting Needs:	
MEDICAL <input type="checkbox"/> Considered, not applicable <i>Health, vision, hearing, or other physical/medical issues.</i>	
Baseline Data:	
Impact:	
Resulting Needs:	

TRANSITION SERVICES / COURSE OF STUDY

TRANSITION SERVICES:

- YES, transition plan has been completed and is attached for students 16 years of age during the IEP year, (younger if appropriate).
- NO, transition planning is not appropriate, student is too young.

COURSE(S) OF STUDY (for high school): N/A

<input type="checkbox"/> Michigan Merit Curriculum leading to a High School diploma	<input type="checkbox"/> Course(s) of study leading to a certificate of completion - OR - _____
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INDIVIDUALIZED EDUCATION PROGRAM

The following individualized education program is provided to enable the student to advance appropriately toward attaining the annual goals, be involved in and progress in the general education curriculum, to participate in extra-curricular and other nonacademic activities, and to be educated and participate in activities with other students with disabilities and nondisabled students.

To the maximum extent appropriate, the student will be educated with students who are nondisabled; and special classes, separate schools, or other removal of the student from the general education environment occurs only when the student's needs cannot be met satisfactorily in general education with supplemental aids and services.

GOALS AND OBJECTIVES

Measurable annual goals and instructional objectives must be developed for each deficit area as part of the IEP. There must be at least two measurable instructional objectives aligned with each goal.

REPORTING PROGRESS

The parents will be regularly informed in writing of progress on goals and objectives, as applicable, **concurrent** with the report card periods provided to general education students.

SUPPLEMENTARY AIDS AND SERVICES

Specific program modifications/accommodations/supports that will be provided on behalf of the student, including supplementary services personnel not listed in the Program and Services section, are as follows.

Modification/Accommodation/Support	Applicable Conditions/Frequency	Applicable Subject/Location

All aids and services identified will begin on the implementation date of the IEP and continue for the duration of the IEP, unless otherwise noted in the comment section.

Supplementary aids and services are not needed at this time.

Additional Comments/Information:

PERSONAL CARE SERVICES

Is the severity of the student's impairment such that it requires hands-on assistance with daily living skills, redirection and behavior, or health related (not academic) monitoring or cueing by a paraprofessional aide? YES NO

PROGRAMS AND SERVICES DETERMINED APPROPRIATE TO MEET THE STUDENT'S NEEDS

TEACHER CONSULTANT 340.1832(e)			
Service	Direct/Consult	Specific Amount of Time and Frequency	Duration*
	**	_____ to _____ MIN/HRS _____ to _____ WK/MO/YR	Begin: End:
	**	_____ to _____ MIN/HRS _____ to _____ WK/MO/YR	Begin: End:

RESOURCE PROGRAM 340.1832(e)		
Program / Is this special education program departmentalized?	Specific Amount of Time and Frequency	Duration*
Departmentalized? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____ to _____ MIN/HRS _____ to _____ WK/MO/YR	Begin: End:
Departmentalized? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____ to _____ MIN/HRS _____ to _____ WK/MO/YR	Begin: End:

FOR ASSIGNMENT TO RESOURCE PROGRAM: If the resource teacher's endorsement does not match the student's eligibility, does the team determine it is necessary to assign a Teacher Consultant to the resource teacher? YES NO

CATEGORICAL CLASSROOM 340.17 ____; 340.1832(e)			
1738 SCI 1748 SXI	1739 MoCI 1754 ECP	1741 EI 1742 HI 1755 ECS 1756 SLI	1743 VI 1832 AI
			1744 POHI 1832 LD
			1746 H/H 1832 MiCI
Program / Is this special education program departmentalized?	Specific Amount of Time and Frequency	Duration*	
Departmentalized? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____ to _____ MIN/HRS _____ to _____ WK/MO/YR	Begin: End:	
Departmentalized? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____ to _____ MIN/HRS _____ to _____ WK/MO/YR	Begin: End:	

SPEECH & LANGUAGE 340.1745			
Service	Direct/Consult	Specific Amount of Time and Frequency	Duration*
	**	_____ to _____ MIN/HRS _____ to _____ WK/MO/YR	Begin: End:

RELATED SERVICES 340.1701c(a)			
Service	Direct/Consult	Specific Amount of Time and Frequency	Duration*
	**	_____ to _____ MIN/HRS _____ to _____ WK/MO/YR	Begin: End:
	**	_____ to _____ MIN/HRS _____ to _____ WK/MO/YR	Begin: End:

* All programs and services listed above will begin on the initiation date of the IEP and continue for the duration of the IEP, unless otherwise indicated above in the column "Duration."

** If "Direct/Consultation" is selected, indicate the minutes allocated for Direct and the minutes allocated for Consultation in the Direct/Consult textbox.

The extent of service identified above is understood by all IEPT participants.

Total hours in school: _____ to _____ per WK

EXTENDED SCHOOL YEAR (ESY)	
<input type="checkbox"/> No goal areas of concern-ESY not needed.	
<input type="checkbox"/> IEP goal(s) reviewed-ESY being considered. An IEP meeting will be convened to determine need. Projected Date: _____	
<input type="checkbox"/> IEP goal(s) reviewed-ESY not needed.	
<input type="checkbox"/> IEP goal(s) reviewed-ESY needed as follows: Specify: _____	

COMMENTS:

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INSTRUCTIONAL SETTING:

Instructional Setting is calculated based on the amount of time spent in the general education setting with or without special education support.

Age 6-26 _____ Age 3-5 _____ Age 0-2 _____

ASSESSMENT PARTICIPATION AND PROVISIONS

DISTRICT-WIDE ASSESSMENT

Content Area List the content area(s) in which the student will be administered the general education assessment.	Accommodations List the appropriate accommodation(s).

ALTERNATE DISTRICT-WIDE ASSESSMENTS

Content Area List the content area in which the student will be administered an alternate assessment and state why the student cannot participate in the general education assessment.	Assessment State the alternate assessment that will be used and explain why it is appropriate.	Accommodations List the appropriate accommodation(s).

Grade _____ (at the time assessment will be administered)

NA – Grade level not assessed

STATE-WIDE ASSESSMENT

Content Area List the content area(s) in which the student will be administered the general education assessment.	Accommodations List the appropriate accommodation(s).
<input type="checkbox"/> ELA (grades 3-12)	
<input type="checkbox"/> Math (grades 3-12)	
<input type="checkbox"/> Science (grades 4, 7, and 11)	
<input type="checkbox"/> Social Studies (grades 5,8 and 11)	

ALTERNATE STATE-WIDE ASSESSMENTS

Content Area List the content area in which the student will be administered an alternate assessment.	Assessment State the alternate assessment that will be used and explain why it is appropriate.	Accommodations List the appropriate accommodation(s).
<input type="checkbox"/> ELA (grades 3-12) Need for alternate assessment State why the student cannot participate in the general education assessment:	<input type="checkbox"/> MI-Access: <input type="checkbox"/> Functional Independence <input type="checkbox"/> Supported Independence <input type="checkbox"/> Participation Explain:	
<input type="checkbox"/> Math (grades 3-12) Need for alternate assessment State why the student cannot participate in the general education assessment:	<input type="checkbox"/> MI-Access: <input type="checkbox"/> Functional Independence <input type="checkbox"/> Supported Independence <input type="checkbox"/> Participation Explain:	
<input type="checkbox"/> Science (grades 4, 7 and 11) Need for alternate assessment State why the student cannot participate in the general education assessment:	<input type="checkbox"/> MI-Access: <input type="checkbox"/> Functional Independence <input type="checkbox"/> Supported Independence <input type="checkbox"/> Participation Explain:	
<input type="checkbox"/> Social Studies (grades 5, 8 and 11) Need for alternate assessment State why the student cannot participate in the general education assessment:	<input type="checkbox"/> District determined assessment <input type="checkbox"/> MI-Access Functional Independence Social Studies Explain:	

WIDA ASSESSMENT (This assessment is assigned only if the student has qualified for ELL services within the last year. Please state the student's eligibility criteria below.)

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TRANSPORTATION / IEP IMPLEMENTATION

SPECIAL TRANSPORTATION

Special transportation is required
Is a **Specially Adapted Bus** required to transport the student? YES NO

Special transportation requirements:

Special transportation is **not** required

IEP Adjourned. Reason: _____
Projected date to reconvene: _____

DATE FOR INITIATION OF PROGRAMS & SERVICES: _____
MONTH/DAY/YEAR

(All special education programs/services are projected to begin on this date unless otherwise indicated in the "Duration" column in the Programs and Services section.)

ANTICIPATED DURATION OF SERVICE: Until next IEP Until date:

The building principal/designated case manager is responsible for implementation of the IEP. Any participant who disagrees with the team's determination may indicate the reasons below.

A dissenting report attached: Yes No