INDIVIDUALIZED EDUCATION PROGRAM TEAM REPORT

DEMOGRAPHIC INFORMATION

| IEPT N | leetina | Date: |
|--------|---------|-------|
|--------|---------|-------|

| Student | Last: | First: | M: | Sfx: | Birth Date: | Gen: | Grade: | UIC: |
|--|---|---------------------------|----------|--|------------------------------|-------------|---------------|----------------|
| ID: | Native Language of stud | ent: (as provided by Lim | | Limited English Proficiency? Yes No Ethnicity: | | Ethnicity: | | |
| Address: | | | | Zip: | | | | |
| Resident [| Resident District: Operating District: | | | | Sch | iool: | | |
| Parent | Last: | First: | M: | Re | lationship to | Student: | 17 | |
| Primary La | anguage: | | Inte | rpreter r | needed (parei | nt)? | res No |) |
| Home Pho | one: | Work Phone: | | Pager/Cell: | | | | |
| Email: | Email: | | | | | | | |
| | ent Dates | | | | | | | |
| REED: _ | MET: | Initial/3 Ye | ar IEP: | -0 | | Prev. No | tice of FA | .PE: |
| | | PURPOSE | OF ME | EETING | | | | |
| | that apply: | Check all others that ap | oply: | 11.00 | 197 - 197 - 197 - 197 - 197 | 2020 | | |
| │ | | Graduation or Age 2 | 26 | |]Add/Remove] Behavior Re | | е | |
| | luation/3 Year IEP | Other | | |] Dellaviol Re | eview | | |
| PARENT | CONTACT | | | | | | | - |
| | ardian/surrogate invited and expla | | | | | | | |
| | purpose of meeting Follow-up contact | 8 · | son | | | Metho | od | Date |
| | i ollow-up contac | Per | son | | | Metho | od | Date |
| PARTICI | PANTS (Signature indicate | s participation only: inc | lude tit | :le.) | | | | |
| - | District Representative (rec | quired) | - 3 | | G | eneral Edu | cation Teach | ner |
| MET/Evaluation Data Representative (required) Parent/Guardian/Surrogate (required) | | | | | | | | |
| | Special Education Provider (| equired) | <u> </u> | | | Stu | udent | |
| , | Other/title | | -J (2 | | | Oth | er/title | |
| ¥ | 011-421- | | -21 St | | | | | |
| Parent an | Other/title Id District Agreement on Att | endance Not Necessary | , | | Agency Prov | riding Seco | indary Transi | ition Services |
| | mbers are absent; their curric | | | ot being | modified or o | discusse | d in the m | eeting: |
| Parent and District Agreement on Excusal Prior to Meeting These members are absent and have submitted written input to the IEP team, including the parent, prior to meeting: | | | | | | | | |
| ELIGIBIL | .ITY | MET Summary Attached | | MET St | ımmary Not F | Required | 2 | |
| The student is eligible for special education programs/services per the special education rule number(s) below. Designate primary (P) disability: | | | | | | | | |
| Specifi | c Learning Disability Details: | | | | | | | |
| ☐ The st | udent is ineligible for special e | ducation programs/servic | es per | special | education rul | e numbe | r(s) below | <i>i</i> . |
| GRADUATION OR AGE 26 | | | | | | | | |
| Projected graduation/Age 26: Student will no longer receive programs and services because graduation requirements will be met or student reaches age 26 by the end of the school year. | | | | | | | | |
| ☐ Immed | liate graduation/Age 26: Previ | ous IEP of | ren | nains in | effect throug | h the end | d of the so | chool year. |

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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. |
| \square 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. |
| \square 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 Fu | nctional Performance |
|--|---|
| After reviewing the student's progress in the general education curriculum and any describe how the student accesses or makes progress in the general education curricuthe 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 of each area of need. | bservations, parent input, and other relevant data for |
| Impact and Resulting Needs Describe how the student's academic, developmental, and functional needs affect involvement participation in appropriate activities for preschool or post-secondary students. | and progress in the general education curriculum or |
| GENERAL EDUCATION CURRICULUM - READING Involvement and progress in the general education curriculum, or participation in age-appropriate | Considered, not applicable |
| Baseline Data: | |
| Impact: | |
| Resulting Needs: | |
| GENERAL EDUCATION CURRICULUM – WRITING Involvement and progress in the general education curriculum, or participation in age-appropriate | Considered, not applicable activities for preschool students. |
| Baseline Data: | |
| Impact: | |
| Resulting Needs: | |
| GENERAL EDUCATION CURRICULUM - MATH Involvement and progress in the general education curriculum, or participation in age-appropriate | Considered, not applicable activities for preschool students. |
| Baseline Data: | |
| Impact: | |
| Resulting Needs: | |
| SECONDARY TRANSITION ASSESSMENTS Age-appropriate assessment related to training, education, employment, and independent living skills. | ☐ Considered, not applicable |
| Baseline Data: | |
| Impact: | |
| Resulting Needs: | |
| COMMUNICATION/SPEECH & LANGUAGE | \square Considered, not applicable |
| Baseline Data: | |
| Impact: | |
| Resulting Needs: | |
| SOCIO-EMOTIONAL/BEHAVIORAL | ☐ Considered, not applicable |
| Baseline Data: | |
| Impact: | |
| Resulting Needs: | |
| PERCEPTION/MOTOR/MOBILITY Gross and fine motor coordination, balance, and limb/body mobility. | \square Considered, not applicable |
| Baseline Data: | |
| Impact: | |

Resulting Needs:

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| ADAPTIVE/INDEPENI Skills for academic succ | DENT LIVING SKILLS ress and independent living. | | ☐ Considered, not applicable |
| Baseline Data: | | | |
| Impact: | | | |
| Resulting Needs: | | | |
| MEDICAL Health, vision, hearing | , or other physical/medical issues. | | Considered, not applicable |
| Baseline Data: | | | |
| Impact: | | | |
| Resulting Needs: | | | |

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| 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): | | | | | | | |
| VALUE TO A STATE OF THE STATE O | Course(s) of study leading to a certificate OR – | of completion | | | | | |

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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 least two measurable instructional objectives aligned with each | | of the IEP. There must be at | | | | | |
| REPORTING PROGRESS The parents will be regularly informed in writing of progress or periods provided to general education students. | n goals and objectives, as applicable, co | oncurrent with the report card | | | | | |
| SUPPLEMENTARY AIDS AND SERVICES | | | | | | | |
| Specific program modifications/accommodations/supports services personnel not listed in the Program and Services | | ident, including supplementary | | | | | |
| Modification/Accommodation/Support | Applicable Conditions/Frequency | Applicable Subject/Location | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| All aids and services identified will begin on the implementatio otherwise noted in the comment section. | n date of the IEP and continue for the d | uration of the IEP, unless | | | | | |
| 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 queing by a paraprofessional aide? | | | | | | | |

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| PROGRAMS AND SERVICES DETERMINED APPROPRIATE TO MEET THE STUDENT'S NEEDS | | | | | | | |
| | TEACHER CONSU | LTANT 340.1832(e | e) | | | | |
| Service | Direct/Consult | Specific A Time and I | Duration* | | | | |
| | ** | to | MIN/HRS WK/MO/YR | Begin: End: | | | |
| | ** | to | MIN/HRS WK/MO/YR | Begin: End: | | | |
| RESOURCE PROGRAM 340.1832(e) | | | | | | | |
| Progran Is this special education progr | | Specific A Time and I | | Duration* | | | |
| | | to | MIN/HRS | Begin: | | | |
| Departmentalized? YES NO |) | to | WK/MO/YR | End: | | | |
| Departmentalized? YES NO |) | to | _ MIN/HRS WK/MO/YR | Begin: End: | | | |
| FOR ASSIGNMENT TO RESOURCE PRO eligibility, does the team determine it is nece | | | the student's | YES NO | | | |
| | CATEGORICAL CLASSRO | OOM 340.17 : 34 | 0.1832(e) | | | | |
| 1738 SCI 1739 MoCI 1748 SXI 1754 ECP | 1741 EI 1742 HI 1755 ECS 1756 SLI | 1743 VI 1832 AI | 1744 POHI 1832 LD | 1746 H/H 1832 MiCI | | | |
| Progran Is this special education progr | 050 | Specific A Time and I | | Duration* | | | |
| Departmentalized? YES NO | | to | _ MIN/HRS WK/MO/YR | Begin: End: | | | |
| Departmentalized:TESNC | , | | - 7 6 | Begin: | | | |
| Departmentalized? YES NO | | to | MIN/HRS WK/MO/YR | End: | | | |
| • | SPEECH & LANG | GUAGE 340.1745 | | 1 | | | |
| Service | Direct/Consult | Specific Amount of Time and Frequency | | Duration* | | | |
| | | to | MIN/HRS | Begin: | | | |
| | ** | to | WK/MO/YR | End: | | | |
| | RELATED SERVI | CES 340.1701c(a) | | | | | |
| Service | Direct/Consult | Specific A Time and I | | Duration* | | | |
| | | to | MIN/HRS | Begin: | | | |
| | ** | to | WK/MO/YR | End: | | | |
| | ** | to | MIN/HRS WK/MO/YR | Begin: End: | | | |
| | | to | mino? | ATO THE ODDATESTA | | | |
| * All programs and services listed above indicated above in the column "Duratio | | of the IEP and continue | e for the duration of t | he IEP, unless otherwise | | | |
| ** If "Direct/Consultation" is selected, textbox. | indicate the minutes allocated for l | Direct and the minutes | allocated for Consul | tation in the Direct/Consult | | | |
| The extent of service identified above Total hours in school: | is understood by all IEPT partic to per WK | The Additional case | | | | | |
| | EXTENDED SCHO | OOL YEAR (ESY) | | | | | |
| ☐ No goal areas of concern-ESY not r☐ IEP goal(s) reviewed-ESY being co | needed. | | e need. Projected Da | ite: | | | |
| IEP goal(s) reviewed-ESY not needed. | | | | | | | |
| IEP goal(s) reviewed-ESY needed as follows: Specify: | | | | | | | |
| COMMENTS: | | | | | | | |

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

Revised August 2019

| List the content area in which the student will be administered an alternate assessment and will be used and | ssment te assessment that d explain why it is | Accommodations e appropriate accommodation(s). Accommodations |
|--|---|--|
| 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. Asses State the alternate will be used and appropriate appro | e assessment that d explain why it is | |
| 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. Asses State the alternate will be used and appropriate appropriate and appropriate a | e assessment that d explain why it is | |
| be administered an alternate assessment and state why the student cannot participate in the general education assessment. | d explain why it is | |
| Grade (at the time assessment will be administered) | ргіате. | List the appropriate accommodation(s) |
| (at the time assessment will be administered) | | |
| ☐ STATE-WIDE ASSESSMENT | ∐ NA | - Grade level not assessed |
| Content Area List the content area(s) in which the student will be administered the general education assessment. ELA (grades 3-12) | List the a | Accommodations ppropriate accommodation(s). |
| ☐ Math (grades 3-12) | | |
| Science (grades 4, 7, and 11) | | |
| 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. Assess State the alternate will be used and each approp | assessment that explain why it is | Accommodations List the appropriate accommodation(s) |
| ☐ ELA (grades 3-12) ☐ MI-Access: | | |
| | nal Independence ted Independence ation | |
| ☐ Math (grades 3-12) ☐ MI-Access: | W872 26 16 | |
| | nal Independence ted Independence ation | |
| Science (grades 4, 7 and 11) MI-Access: | | |
| | nal Independence ted Independence ation | |
| Social Studies (grades 5, 8 and 11) District determine | ed assessment | |
| Need for alternate assessment State why the student cannot participate in the general education assessment: MI-Access Function Independence So Explain: | De l'Establishence | |

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| | TRAN | SPORTATION / IEP | IMPLEMENTATION | |
| | 11040 | ON ON A HON I LI | IIII ELIIEITATION | |
| SPECIAL TRANS | SPORTATION | | | |
| Special trans | sportation is required | | | |
| Is a Special | ly Adapted Bus required to t | transport the student? | ☐ YES ☐ NO | |
| Special trans | sportation requirements: | | | 2 |
| | | | | |
| ☐ Special transp | portation is not required | | | |
| 1 | | | | |
| ☐ IEP Adjourne | ed. Reason: | | | |
| | Projected date t | to reconvene: | | |
| | | | | |
| DATE FOR INIT | TATION OF PROGRAMS | & SERVICES: | | |
| Proposition 50 450 400 | | 77 SC PC AF V44 PR | MONTH/DAY/YEAR | ted in the "Duration" column in |
| | Services section.) | ojected to begin on this | date unless otherwise indica | ted in the Buration column in |
| ANTICIPATED | DUBATION OF | | | |
| SERVICE: | JUNATION OF | Until next IEP | Until date: | |
| The Building of all | -1/ | | | |
| | oal/designated case manager o disagrees with the team's de | | | |
| , , | , | ,,,, | | |
| A - II II I | -Hhhhh | | | |
| A dissenting report | attached: Yes No | | | |