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| **School District/Public Agency** | | | | | | **Individualized Education Program (IEP)**  34 C.F.R. §§300.320-300.324 | | | |
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| **Name of Student** | | | | | **WISER ID** | | **DOB** | **Grade** | **Date of IEP Meeting** |
|  | | | | |  | |  |  |  |
| **Date of Last**  **IEP Meeting** | | | | **Due Date of Next**  **3 Year Reevaluation** | | | **Disability Category(s)** | | |
|  | | | |  | | |  | | |
| **STRENGTHS, EDUCATIONAL CONCERNS AND PREFERENCES/INTERESTS** | | | | | | | | | |
| **Team’s Perspective**  34 C.F.R. §§300.321(a) and (b) | | | | | | | | | |
| Strengths:  Preferences/Interests:  Educational Concerns: | | | | | | | | | |
| **PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE** | | | | | | | | | |
| **Preschool Students:** Describe the academic, developmental and functional needs of the student, and how the disability affects the student’s participation in appropriate activities (*the same age appropriate activities engaged in by nondisabled students).* | | | | | | | | | |
| the | **School Age** | **Students:** | Describe the academic, developmental and functional needs of the student, and how the disability affects d progress in the general education curriculum *(the same curriculum as nondisabled students).* | | | | | | |
| student’s involvement an | |
| **Describe the child’s present levels of academic achievement and functional performance across services and**  **settings, including special education, regular education, and interventions.** | | | | | | | | | |

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| **Name of Student** | **Date of IEP Meeting** |
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| **PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (Continued)** | |
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| **CONSIDERATION OF SPECIAL FACTORS**  34 C.F.R. §300.324(a)(2) | |
| **YES NO**  • Does the student’s behavior impede his/her learning or the learning of others? ☐ ☐  • Does the child have communication needs? ☐ ☐  • Is the student deaf or hard of hearing? If yes, then answer the following: ☐ ☐  o Does the student need opportunities for communication and direct instruction in the ☐ ☐  student’s language and communication mode?  • Is the student blind or visually impaired? If yes, then answer the following: ☐ ☐  o Does the student require orientation and mobility training? ☐ ☐  o After an evaluation of reading and writing needs, learning media assessment, and ☐ ☐  need for future instruction in Braille, does the student require instruction in the use  of Braille?  • Does the student require assistive technology devices or services? ☐ ☐  • Has the student been determined to be Limited English Proficient? ☐ ☐  **Any item checked “YES” must be addressed in the IEP.** | |
| **EXTENDED SCHOOL YEAR**  34 C.F.R. §300.106 | |
| Extended School Year (ESY) services must be provided if necessary for the student to receive FAPE. In addition to degree of regression and the time necessary for recoupment, consider these factors:  • Degree of impairment and the ability of the child’s parents to provide the educational structure at home;  • The child’s rate of progress;  • His or her behavioral and physical problems;  • The availability of alternative resources;  • The ability of the child to interact with non-handicapped children;  • The areas of the child’s curriculum which need continuous attention;  • The child’s vocational needs; and  • Whether the requested service is “extraordinary” to the child’s condition, as opposed to an integral part of a program for those with the child’s condition.  **Is ESY necessary in order for the student to receive FAPE? YES** ☐ **NO** ☐  **If ESY is a necessary component of FAPE, ESY goals and services must be documented in the IEP.** | |

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| **Name of Student** | **Date of IEP Meeting** |
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| **TRANSITION SERVICES**  For all students beginning with the IEP to be in effect when the child is 16 and updated annually thereafter.  N/A Student will not become 16 during implementation of this IEP | |
| **Student’s Desired Post-School Activities**  Postsecondary education, vocational education, integrated employment, continuing and adult education, adult services, independent living, and/or community participation. | |
|  | |
| **Results of Age-Appropriate Transition Assessments: Results Attached** | |
| Education/Training: Employment:  Independent Living Skills (if appropriate): | |
| **MEASURABLE POSTSECONDARY GOALS**  Based on age-appropriate transition assessments related to training and education, employment, and if appropriate, independent living skills. Clearly specify the activities, desired level of achievement and the timeline for achievement. | |
| **Postsecondary Education/Training Goal** | |
| Measurable Postsecondary Goal: See Measurable Annual Goal(s):  Transition Service Activities: Party(s) Responsible: Time Frame: | |
| **Career/Employment Goal** | |
| Measurable Postsecondary Goal: See Measurable Annual Goal(s):  Transition Service Activities: Party(s) Responsible: Time Frame: | |

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| **Name of Student** | | | | **Date of IEP Meeting** |
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| **Independent Living Goal** N/A | | | | |
| Measurable Postsecondary Goal: See Measurable Annual Goal(s):  Transition Service Activities: Party(s) Responsible: Time Frame: | | | | |
| **Courses of Study**  Proposed courses of study to assist the student in reaching the measurable postsecondary goals. | | | | |
| School Year: | School Year: | School Year: | School Year: | |
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| **TRANSFER OF RIGHTS AT AGE OF MAJORITY**  At least one year prior, the student must be informed that rights under the IDEA transfer to the student at the age of 18. | | | | |
| The student will turn 17 during this IEP period. N/A  The student and parent were informed of the transfer of rights. By: \_ Date: The student is under guardianship pursuant to Wyoming law. (Attach copy of the Guardianship Order.) | | | | |
| **GRADUATION OR PROGRAM COMPLETION** | | | | |
| Projected date of:  Graduation: \_ Program Completion: \_ Diploma or certificate: N/A  Describe the body of evidence needed to support graduation: | | | | |

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| **Name of Student** | | | | **Date of IEP Meeting** | |
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| **MEASURABLE ANNUAL GOAL NUMBER**  Additional Goal pages should be added as necessary. | | | | | |
| **A statement of measurable annual goals, including academic and functional goals designed to:**  • Meet the student’s needs that result from the student’s disability to enable the student to be involved in and make progress in the general education curriculum.  • Meet each of the student’s other educational needs that result from the student’s disability. | | | | | |
| **Indicate whether this goal will be implemented during ESY. YES NO N/A** | | | | | |
| **Each goal must include a baseline, target and method of measurement.** | | | | | |
| **Benchmarks or short-term objectives:**  Required only for students that will take alternate State or District wide assessment(s). | | | | | |
| Objective | | | | | Time Frame |
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| **Periodic reports of progress toward meeting the annual goal:**  Periodic reports must coincide with the district or public agency regular reporting schedule. | | | | | |
| **DATE** |  |  |  | |  |
| **DATA TO**  **SUPPORT PROGRESS**  NOTE: Progress must be quantified by  the method of measurement  specified in the goal. |  |  |  | |  |
| **DESCRIBE PROGRESS**  NOTE: Narrative should be used to supplement data above. |  |  |  | |  |
| **STAFF**  **NAME** |  |  |  | |  |

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| **Name of Student** | | | | **Date of IEP Meeting** | |
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| **A. SPECIAL EDUCATION SERVICES** | | | | | |
| A statement of the **special education, related services, supplementary aids and services**, based on peer-reviewed research to the extent practicable, to be provided to the student, or on behalf of the student, and a statement of the **program modifications or supports for school personnel** that will be provided to enable the student:  • To advance appropriately toward attaining the annual goals.  • To be involved in and make progress in the general education curriculum and to participate in extracurricular and other nonacademic activities.  • To be educated and participate with other students with disabilities and nondisabled students in extracurricular and other nonacademic activities. | | | | | |
| **Special Education** | **Frequency** | **Duration** | **Location** | | **Projected**  **Start Date** |
| Area of Specially Designed Instruction:  *ESY* |  |  |  | |  |
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| Area of Specially Designed Instruction:  *ESY* |  |  |  | |  |
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| Area of Specially Designed Instruction:  *ESY* |  |  |  | |  |
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| Area of Specially Designed Instruction:  *ESY* |  |  |  | |  |
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| Area of Specially Designed Instruction:  *ESY* |  |  |  | |  |
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| Area of Specially Designed Instruction:  *ESY* |  |  |  | |  |
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| Area of Specially Designed Instruction:  *ESY* |  |  |  | |  |
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| Postsecondary Transition Services:  *ESY* |  |  |  | |  |
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| Speech – Language Pathology:  (Primary disability only)  *ESY* |  |  |  | |  |
|  |  |  | |  |
| Physical Education:  *ESY* |  |  |  | |  |
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| Vocational Education:  *ESY* |  |  |  | |  |
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| Travel Training:  *ESY* |  |  |  | |  |
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**Name of Student Date of IEP Meeting**

**B. RELATED SERVICES**

Necessary to benefit from special education.

**Related Service N/A Frequency Duration**

**(Amount)**

**Location Projected Start**

**Date**

Audiology

Counseling Services

Educational Interpreting Services

Occupational Therapy

Orientation and Mobility

Parent Counseling and Training

Physical Therapy Psychological Services Recreation

School Health Services School Nurse Services School Social Work Services

Speech – Language Pathology (on students with other primary disability)

ly for

Transportation

Other (specify)

*ESY ESY ESY ESY ESY ESY ESY ESY ESY ESY*

*ESY*

*ESY ESY*

*ESY*

*ESY*

**C. SUPPLEMENTARY AIDS AND SERVICES**

Accommodations, aids, services, assistive technology and other supports that are provided to avoid removing the student from regular education classes, other education-related settings and extracurricular and non-academic settings. (May include routine checking of hearing aids and external components of surgically implanted devices.)

**Supplementary Aids & Services N/A Start Date Explanation of Frequency, Duration, and Location**

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| **Name of Student** | | | **Date of IEP Meeting** |
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| **D. PROGRAM MODIFICATIONS AND SUPPORTS FOR SCHOOL PERSONNEL**  Modifications to be provided to enable the student to advance appropriately towards attaining the annual goals, be involved and make progress in the general education curriculum, and participate in extracurricular and nonacademic activities. | | | |
| **Program Modifications N/A** | **Start Date** | **Explanation of Frequency, Duration, and Location** | |
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| **Supports for School Personnel N/A** | **Start Date** | **Explanation of Frequency, Duration, and Location** | |
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| **LEAST RESTRICTIVE ENVIRONMENT**  A student with a disability shall be removed from the regular education environment only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.  34 C.F.R. §§300.114 through 300.117. | | | |
| **YES NO**  • The educational placement is based on the student’s IEP. ☐ ☐  • The student is unable to be satisfactorily educated in the general education environment for the ☐ ☐  entire school day. If yes, then answer the following:  o Removal from the regular environment is necessary based on the nature or severity of ☐ ☐  the student’s disability, not the need for modifications in the general curriculum.  • The educational placement is as close as possible to the student’s home. ☐ ☐  • The educational placement is in the school that the student would attend if he/she did not have ☐ ☐  a disability.  • The IEP team considered any potential harmful effect of the educational placement on the ☐ ☐  student or on the quality of needed services.  • The student has the opportunity to participate in extracurricular and nonacademic activities with ☐ ☐  nondisabled students. | | | |
| JUSTIFICATION: Considering Sections A through D and the questions above, justify the removal of the student from the regular education environment (including for any ESY services): | | | |

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| **Name of Student** | | | **Date of IEP Meeting** |
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| **PARTICIPATION IN STATE AND DISTRICT-WIDE ASSESSMENTS**  Determine how the student will participate in State and district wide assessments consistent with 34 C.F.R. §300.320(a)(6).  N/A (check if student is in preschool)  Student is in a grade where State assessments are not given. Student is in a grade where district wide assessments are not given. Student participates without accommodations:  The IEP team has determined the student will participate in the following assessments without test accommodations. (check all that apply)  Statewide Assessment(s) District-wide assessment(s) Student participates with accommodations:  The IEP team has determined the student will participate in the following assessments with test accommodations. Selection of test accommodations for the student must be made in accordance with the identified standard accommodations for each assessment given. (Attach list of allowable accommodations, and check all that apply)  State-wide Assessment(s) District-wide Assessment(s) Student participates in alternate assessments:  The IEP team has determined the student will take an alternate assessment consistent with 34 C.F.R.  §300.320(a)(6)(ii). The student will participate in:  Alternate State Assessment(s) Alternate District-wide Assessment(s)  Explain why the student must participate in alternate assessments. (The Guidelines for Participation in Wyoming’s  Alternate Assessment for Students with Significant Cognitive Disabilities must be utilized for this determination.) | | | |
| **IEP TEAM MEMBER PARTICIPATION**  List IEP team members attending or participating by alternate means in the IEP meeting. | | | |
| Parent | Student | | |
|  |  | | |
| Special education teacher of the student | Regular education teacher of the student | | |
|  |  | | |
| School district representative | An individual who can interpret evaluation results | | |
|  |  | | |
| Agency representative | Agency representative | | |
|  |  | | |
| Other | Other | | |
|  |  | | |
| Other | Other | | |
|  |  | | |
| **PROVIDE TO PARENT** | | | |
| Copy of IEP. 34 C.F.R. §300.322(f)  Date Provided: Staff Initials: | | Procedural Safeguards Notice. 34 C.F.R. §300.304(a) Date Provided: Staff Initials: | |