

School District/Public Agency		Individualized Education Program (IEP) 34 C.F.R. §§300.320-300.324		
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)				
<p>Strengths:</p> <p>Preferences/Interests:</p> <p>Educational Concerns:</p>				
PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE				
<input type="checkbox"/> Preschool Students: Describe the academic, developmental and functional needs of the student, and how the disability affects the student's participation in appropriate activities (<i>the same age appropriate activities engaged in by nondisabled students</i>).				
<input type="checkbox"/> School Age Students: Describe the academic, developmental and functional needs of the student, and how the disability affects the student's involvement and progress in the general education curriculum (<i>the same curriculum as nondisabled students</i>).				
<p style="text-align: center;">Describe the child's present levels of academic achievement and functional performance across services and settings, including special education, regular education, and interventions.</p>				

Name of Student	Date of IEP Meeting
PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (Continued)	
CONSIDERATION OF SPECIAL FACTORS 34 C.F.R. §300.324(a)(2)	
<ul style="list-style-type: none"> • Does the student’s behavior impede his/her learning or the learning of others? <input type="checkbox"/> YES <input type="checkbox"/> NO • Does the child have communication needs? <input type="checkbox"/> YES <input type="checkbox"/> NO • Is the student deaf or hard of hearing? If yes, then answer the following: <input type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> ○ Does the student need opportunities for communication and direct instruction in the student’s language and communication mode? <input type="checkbox"/> YES <input type="checkbox"/> NO • Is the student blind or visually impaired? If yes, then answer the following: <input type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> ○ Does the student require orientation and mobility training? <input type="checkbox"/> YES <input type="checkbox"/> NO ○ 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? <input type="checkbox"/> YES <input type="checkbox"/> NO • Does the student require assistive technology devices or services? <input type="checkbox"/> YES <input type="checkbox"/> NO • Has the student been determined to be Limited English Proficient? <input type="checkbox"/> YES <input type="checkbox"/> NO <p style="text-align: center;">Any item checked “YES” must be addressed in the IEP.</p>	
EXTENDED SCHOOL YEAR 34 C.F.R. §300.106	
<p>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:</p> <ul style="list-style-type: none"> • 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. <p style="text-align: center;">Is ESY necessary in order for the student to receive FAPE? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="text-align: center;">If ESY is a necessary component of FAPE, ESY goals and services must be documented in the IEP.</p>	

Name of Student	Date of IEP Meeting
TRANSITION SERVICES For all students beginning with the IEP to be in effect when the child is 16 and updated annually thereafter. <input type="checkbox"/> 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: <input type="checkbox"/> 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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Independent Living Goal <input type="checkbox"/> 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:
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.			
<input type="checkbox"/> The student will turn 17 during this IEP period.		<input type="checkbox"/> N/A	
<input type="checkbox"/> The student and parent were informed of the transfer of rights. By: _____ Date: _____			
<input type="checkbox"/> 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: _____		<input type="checkbox"/> N/A	
Describe the body of evidence needed to support graduation:			

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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: <ul style="list-style-type: none"> • 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. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
Each goal must include a baseline, target and method of measurement.				
Benchmarks or short-term objectives: Required <u>only</u> for students that will take alternate State or District wide assessment(s).				
Objective			Time Frame	
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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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: <input type="checkbox"/> <i>ESY</i>	-----	-----	-----	-----
Area of Specially Designed Instruction: <input type="checkbox"/> <i>ESY</i>	-----	-----	-----	-----
Area of Specially Designed Instruction: <input type="checkbox"/> <i>ESY</i>	-----	-----	-----	-----
Area of Specially Designed Instruction: <input type="checkbox"/> <i>ESY</i>	-----	-----	-----	-----
Area of Specially Designed Instruction: <input type="checkbox"/> <i>ESY</i>	-----	-----	-----	-----
Area of Specially Designed Instruction: <input type="checkbox"/> <i>ESY</i>	-----	-----	-----	-----
Area of Specially Designed Instruction: <input type="checkbox"/> <i>ESY</i>	-----	-----	-----	-----
Area of Specially Designed Instruction: <input type="checkbox"/> <i>ESY</i>	-----	-----	-----	-----
Postsecondary Transition Services: <input type="checkbox"/> <i>ESY</i>	-----	-----	-----	-----
Speech – Language Pathology: (Primary disability only) <input type="checkbox"/> <i>ESY</i>	-----	-----	-----	-----
Physical Education: <input type="checkbox"/> <i>ESY</i>	-----	-----	-----	-----
Vocational Education: <input type="checkbox"/> <i>ESY</i>	-----	-----	-----	-----
Travel Training: <input type="checkbox"/> <i>ESY</i>	-----	-----	-----	-----

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B. RELATED SERVICES
Necessary to benefit from special education.

Related Service <input type="checkbox"/> N/A	Frequency	Duration (Amount)	Location	Projected Start Date
<input type="checkbox"/> Audiology <input type="checkbox"/> ESY	-----	-----	-----	-----
<input type="checkbox"/> Counseling Services <input type="checkbox"/> ESY	-----	-----	-----	-----
<input type="checkbox"/> Educational Interpreting Services <input type="checkbox"/> ESY	-----	-----	-----	-----
<input type="checkbox"/> Occupational Therapy <input type="checkbox"/> ESY	-----	-----	-----	-----
<input type="checkbox"/> Orientation and Mobility <input type="checkbox"/> ESY	-----	-----	-----	-----
<input type="checkbox"/> Parent Counseling and Training <input type="checkbox"/> ESY	-----	-----	-----	-----
<input type="checkbox"/> Physical Therapy <input type="checkbox"/> ESY	-----	-----	-----	-----
<input type="checkbox"/> Psychological Services <input type="checkbox"/> ESY	-----	-----	-----	-----
<input type="checkbox"/> Recreation <input type="checkbox"/> ESY	-----	-----	-----	-----
<input type="checkbox"/> School Health Services <input type="checkbox"/> ESY	-----	-----	-----	-----
<input type="checkbox"/> School Nurse Services <input type="checkbox"/> ESY	-----	-----	-----	-----
<input type="checkbox"/> School Social Work Services <input type="checkbox"/> ESY	-----	-----	-----	-----
<input type="checkbox"/> Speech – Language Pathology (only for students with other primary disability) <input type="checkbox"/> ESY	-----	-----	-----	-----
<input type="checkbox"/> Transportation <input type="checkbox"/> ESY	-----	-----	-----	-----
<input type="checkbox"/> Other (specify) <input type="checkbox"/> 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 <input type="checkbox"/> N/A	Start Date	Explanation of Frequency, Duration, and Location

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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 <input type="checkbox"/> N/A	Start Date	Explanation of Frequency, Duration, and Location	
Supports for School Personnel <input type="checkbox"/> N/A	Start Date	Explanation of Frequency, Duration, and Location	
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
<ul style="list-style-type: none"> • The educational placement is based on the student’s IEP. <input type="checkbox"/> YES <input type="checkbox"/> NO • The student is unable to be satisfactorily educated in the general education environment for the entire school day. If yes, then answer the following: <ul style="list-style-type: none"> ○ 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. <input type="checkbox"/> YES <input type="checkbox"/> NO • The educational placement is as close as possible to the student’s home. <input type="checkbox"/> YES <input type="checkbox"/> NO • The educational placement is in the school that the student would attend if he/she did not have a disability. <input type="checkbox"/> YES <input type="checkbox"/> NO • The IEP team considered any potential harmful effect of the educational placement on the student or on the quality of needed services. <input type="checkbox"/> YES <input type="checkbox"/> NO • The student has the opportunity to participate in extracurricular and nonacademic activities with nondisabled students. <input type="checkbox"/> YES <input type="checkbox"/> NO 			
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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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).	
<input type="checkbox"/> N/A (check if student is in preschool) <input type="checkbox"/> Student is in a grade where State assessments are not given. <input type="checkbox"/> Student is in a grade where district wide assessments are not given. <input type="checkbox"/> Student participates without accommodations: <input type="checkbox"/> The IEP team has determined the student will participate in the following assessments without test accommodations. (check all that apply) <input type="checkbox"/> Statewide Assessment(s) <input type="checkbox"/> District-wide assessment(s) <input type="checkbox"/> Student participates with accommodations: <input type="checkbox"/> 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) <input type="checkbox"/> State-wide Assessment(s) <input type="checkbox"/> District-wide Assessment(s) <input type="checkbox"/> Student participates in alternate assessments: <input type="checkbox"/> 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: <input type="checkbox"/> Alternate State Assessment(s) <input type="checkbox"/> Alternate District-wide Assessment(s) <input type="checkbox"/> 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	
<input type="checkbox"/> Copy of IEP. 34 C.F.R. §300.322(f) Date Provided: _____ Staff Initials: _____	<input type="checkbox"/> Procedural Safeguards Notice. 34 C.F.R. §300.304(a) Date Provided: _____ Staff Initials: _____