

IEP DATES			
IEP Team Meeting	Initial IEP	Annual/Review IEP	Reevaluation IEP
_____	Offer of a FAPE: _____ Implementation: _____	Offer of a FAPE: _____ Implementation: _____	Offer of a FAPE: _____ Implementation: _____

### Individualized Education Program (IEP)

#### Section 1

#### Demographic Information

<b>Student</b>	Name: ,	Birth Date:	Gender:	Grade:	UIC:
Address:			Telephone:		
Resident District:			Operating District: Allendale Public School		
County: Ottawa County			Attending Building:		

#### PURPOSE OF MEETING

Check one of the following: <input type="checkbox"/> Initial IEP <input type="checkbox"/> Annual/Review IEP <input type="checkbox"/> Reevaluation IEP	Check all others that apply: <input type="checkbox"/> Change of Placement <input type="checkbox"/> Suspension/Expulsion <input type="checkbox"/> Graduation <input type="checkbox"/> Other: <input type="checkbox"/> Transition <input type="checkbox"/> Change of Eligibility <input type="checkbox"/> Other:
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\*\*\*\*\* OFFICE USE \*\*\*\*\*

#### PARENT CONTACT

The parent/adult student was contacted to explain the purpose of the meeting and the roles and responsibilities of each participant via (check all that apply):

IEP Invitation       Letter       Phone       Other:

Results:

#### PARENTAL RIGHTS AND AGE OF MAJORITY

Check all that apply:

**If the student will be age 17** during this IEP and the student was informed of parental rights that he or she will receive at age 18.

**If the student has turned age 18** and the student and parent were informed of parental rights that transferred to the student at age 18, including the right to invite a support person such as a parent, advocate, or friend.

**The student has turned age 18** and there is a guardian established by court order. The guardian is:

**The student has turned age 18** and a legally designated representative has been appointed. The representative is: appointed as (e.g., power of attorney, trustee)

#### IEP MEETING PARTICIPANTS IN ATTENDANCE

Check the box  indicating the IEP participant(s) who can explain the instructional implications of evaluation results.

#### ELIGIBILITY FOR SPECIAL EDUCATION

Eligible       Ineligible

**Area of Disability:** :

If the student is determined ineligible as a student with an SLD, provide a statement of the basis for the determination of ineligibility:

If the student is determined eligible as a student with a specific learning disability (SLD), check all that apply:

Oral Expression       Listening comprehension       Written expression       Basic reading skill

**ELIGIBILITY FOR SPECIAL EDUCATION**

- Reading fluency skills    
  Reading comprehension    
  Mathematics calculation    
  Mathematics problem solving

Determination of eligibility was made in accordance with IDEA regulations at § 300.306(c)(1).

**Section 2-A**

**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:

The concerns of the parent for enhancing the education of the student:

The results of the most recent evaluation(s) of the student:

**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.

**Section 2-B: Option II**

**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 the student’s present level of academic achievement and functional performance.

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.

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 students.

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.

**Section 5**

**Supplementary Aids and Services**

Supplementary aids and services are provided to enable the student:

- To advance appropriately toward attaining the annual goals.
- To be involved and progress in the general education curriculum and to participate in extra-curricular and other nonacademic activities.
- To be educated and participate in activities with other students with disabilities and nondisabled students.

Supplementary aids and services are needed at this time.

Ongoing Instruction and Assessment <i>Scheduling, Presentation, Response, etc.</i>	Time/Frequency/Condition	Location

**Section 5  
Supplementary Aids and Services**

Supplementary aids and services are provided to enable the student:

- To advance appropriately toward attaining the annual goals.
- To be involved and progress in the general education curriculum and to participate in extra-curricular and other nonacademic activities.
- To be educated and participate in activities with other students with disabilities and nondisabled students.

<b>Curriculum Supports and Adjustments</b> <i>Directions, Grading, Handwriting, Assignments, Tests, Books, etc.</i>	<b>Time/Frequency/Condition</b>	<b>Location</b>
<b>Supports and Modifications to the Environment</b> <i>Classroom Environment, Health-Related Needs, Physical Needs, Assistive Technology, Behavioral, Training Needs, Social Interaction Supports for the Student, etc.</i>	<b>Time/Frequency/Condition</b>	<b>Location</b>
<b>Other Supports, Accommodations, and Modifications</b>	<b>Time/Frequency/Condition</b>	<b>Location</b>
All aids and services identified will begin on the implementation date of the IEP and continue for the duration of the IEP.		

Supplementary aids and services not needed at this time.

Explain the extent, if any, to which the student will not participate with nondisabled students:

**Section 4: Option I  
Goals and Objectives/Benchmarks**

**Section 7  
Special Education Programs and Services**

<b>Related Services</b>	<b>Rule Number</b>	<b>Provider</b>	<b>Specific Amount of Time and Frequency</b>	<b>Location*</b>	<b>Duration*</b>
Does the student have needs that require placement with a teacher with a particular endorsement? <input type="checkbox"/> Yes <input type="checkbox"/> No					

<b>Program</b>	<b>Rule Number</b>	<b>Departmentalized</b>	<b>Specific Amount of Time and Frequency</b>	<b>Location</b>	<b>Duration*</b>
* All programs and services listed above will begin on the implementation date of the IEP and continue for the duration of the IEP, unless otherwise indicated above in the column "Duration."					

**District-wide Assessments**

Is a district-wide assessment administered at the grade level(s) covered by this IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If a district-wide assessment is being administered, indicate in the Assessment column in which assessment the student will participate. If the IEP team determines that district-wide assessment is not appropriate and that the student must take an alternate assessment, identify the alternate assessment and complete the Rationale column.		
Identify any individual appropriate <b>accommodations</b> that are necessary on these assessments.		
<b>Assessment</b>	<b>Rationale</b>	<b>Accommodations</b>

**Section 6: ELPA/NAEP (Grades K-12)  
Assessment — Participation and Provisions: ELPA**  
Based on Grade Level, Independence Level, and English Language Proficiency

Please consider these two questions annually:

- Is the student's native tongue a language other than English?  Yes  No
- Is a language other than English spoken in the student's home or environment?  Yes  No

When either answer is **Yes**, complete the following section.

**State Assessment: English Language Proficiency Assessment (ELPA)**

The Home Language Survey (HLS), a Title VI reporting requirement, is given to all students at the time of enrollment.

**Section 6: ELPA/NAEP (Grades K-12)**  
**Assessment — Participation and Provisions: ELPA**  
 Based on Grade Level, Independence Level, and English Language Proficiency

When either answer is **Yes**, complete the following section.

Assessment Level and Grade for Spring ELPA and ELPA Initial Screening	Initial Screening	Spring ELPA
Level I - Grade K		
Level II - Grades 1-2		
Level III - Grades 3-5		
Level IV - Grades 6-8		
Level V - Grades 9-12		

For additional information regarding ELPA or the ELPA screener, or to identify any individual appropriate **accommodations** that are necessary for each of the ELPA domains, see the *Revised Assessment Accommodation Summary Table* at [www.michigan.gov/elpa](http://www.michigan.gov/elpa).

Assessed Domains	Accommodations
Listening	
Reading	
Writing	
Speaking	

**Assessment—Participation and Provisions: NAEP**  
 Based on Grade Level, Independence Level, and English Language Proficiency

**National Assessment: National Assessment of Educational Progress (NAEP)**

Is a NAEP assessment administered to the student’s district at the grade level(s) covered by this IEP?  Yes  No

Has the student participated in the Michigan Educational Assessment Program (MEAP) in the subject being tested?  Yes  No

Can the student participate in the NAEP with allowable **accommodations**? See the *Revised Assessment Accommodation Summary Table* at [www.michigan.gov/naep](http://www.michigan.gov/naep).  Yes  No

Can the student participate in the NAEP with allowable accommodations, even if the student did not participate in the MEAP, or needs accommodations not allowed by the NAEP?  Yes  No

If the NAEP-selected sample includes the student’s district, school, and student in the grade(s) covered by this IEP, these IEP recommendations will apply.

Assessment	Participation	If <b>YES</b> , for each content area, indicate assessment accommodation(s) that the student may need. If <b>NO</b> , state the reason why a specific NAEP assessment is not appropriate.

EXTENDED SCHOOL YEAR (ESY) SERVICES
ESY services were considered. <input type="checkbox"/> It was determined that no ESY services are needed. <input type="checkbox"/> Current annual goals address one or more skills that require ESY services.
All programs and services listed above will begin on the implementation date of the IEP and continue for the duration of the IEP, unless otherwise indicated above in the column “Duration”.

INSTRUCTIONAL TIME		
General Education Setting (minutes/hours per week)	(+ ) Special Education Setting (minutes/hours per week)	(=) Total (minutes/hours per week)
0	+ 0	= 0

EDUCATIONAL ENVIRONMENT
The district ensures that, to the maximum extent appropriate, the student will be educated with students who are nondisabled; and special classes,

**EDUCATIONAL ENVIRONMENT**

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.

**Participation in General Education****Participation in a Regular Early Childhood Program** (students age 3-5)

- At least 10 hours per week and:
- receives the majority of special education and related services IN a regular early childhood program.
  - receives the majority of special education and related services OUTSIDE of a regular early childhood program.
- Less than 10 hours per week and:
- receives the majority of special education and related services IN a regular early childhood program.
  - receives the majority of special education and related services OUTSIDE of a regular early childhood program.

**Participation in General Education**

- 80% of the day or more       79% to 40% of the day       less than 40% of the day       separate facility

**SPECIAL TRANSPORTATION**

- Yes (specify):
- No