

STATE OF NEVADA INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP)

INFORMATION

<p>STUDENT/PARENT INFORMATION</p> <p>Student _____ Sex _____</p> <p>Birthdate _____ Grade _____ Student ID # _____</p> <p>Student Primary Language _____</p> <p>Student English Proficiency Code (optional) _____</p> <p>Address _____</p> <p>Student Phone _____</p> <p>Parent/Guardian/Surrogate _____</p> <p>Parent Phone (Home) _____ (Work) _____</p> <p>Optional: Cell _____ Email _____</p> <p>Primary Language Spoken at Home _____</p> <p>LEP Status _____</p> <p>Federal Placement Code _____</p> <p>Federal Student Ethnicity Code _____</p> <p>Interpreter or Other Accommodations Needed _____</p> <p>Emergency Contact/Phone Number _____</p> <p>Current School _____ Zoned School _____</p>	<p>ELIGIBILITY CATEGORY</p> <p><input type="checkbox"/> Autism Spectrum Disorder</p> <p><input type="checkbox"/> Deaf/Blind</p> <p><input type="checkbox"/> Developmental Delay</p> <p><input type="checkbox"/> Emotional Disturbance</p> <p><input type="checkbox"/> Health Impairment</p> <p><input type="checkbox"/> Hearing Impairment/Deaf</p> <p><input type="checkbox"/> Intellectual Disability</p> <p><input type="checkbox"/> Multiple Impairment</p> <p><input type="checkbox"/> Orthopedic Impairment</p> <p><input type="checkbox"/> Specific Learning Disability</p> <p><input type="checkbox"/> Speech/Language Impairment</p> <p><input type="checkbox"/> Traumatic Brain Injury</p> <p><input type="checkbox"/> Visual Impairment/Blind</p> <p>ELIGIBILITY DATE _____</p> <p>ANTICIPATED 3-YR REEVALUATION _____</p>	<p>MEETING INFORMATION</p> <p>DATE OF MEETING _____</p> <p>DATE OF LAST IEP MEETING _____</p> <p>PURPOSE OF MEETING</p> <p><input type="checkbox"/> Interim IEP</p> <p><input type="checkbox"/> Initial IEP</p> <p><input type="checkbox"/> Annual IEP</p> <p><input type="checkbox"/> IEP Following 3-Yr Reevaluation</p> <p><input type="checkbox"/> Revision To IEP Dated _____</p> <p><input type="checkbox"/> Exit/Graduation</p> <p><input type="checkbox"/> IEP Revision Without A Meeting:</p> <p style="padding-left: 20px;">At the request of : <input type="checkbox"/> Parent or <input type="checkbox"/> School District</p> <p><input type="checkbox"/> Other _____</p> <p>IEP SERVICES WILL BEGIN _____</p> <p>ANTICIPATED DURATION OF SERVICES _____</p> <p>IEP REVIEW DATE _____</p> <p>COMMENTS _____</p>
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IEP PARTICIPATION

<p>Parent/Guardian/Surrogate* _____</p> <p>Student** _____</p> <p>LEA Representative* _____</p> <p>Special Education Teacher* _____</p> <p>Regular Education Teacher*** _____</p> <p>School Psychologist _____</p>	<p>Speech/Language Therapist/Pathologist/Specialist _____</p> <p>School Nurse _____</p> <p>Interpreter _____</p> <p>Other (name and role) _____</p> <p>Other (name and role) _____</p> <p>Other (name and role) _____</p>
<p>*Required participant.</p> <p>** Student must be invited when transition is discussed (beginning at age 14 or younger if appropriate).</p> <p>***The IEP team must include at least one regular education teacher of the student (if the student is, or may be, participating in the regular education environment).</p>	

PROCEDURAL SAFEGUARDS

<p><input type="checkbox"/> I have received a statement of procedural safeguards under the Individuals with Disabilities Education Act (IDEA) and these rights have been explained to me in my primary language.</p> <p style="text-align: right;">Parent Signature _____</p>
<p>AT LEAST ONE YEAR PRIOR TO REACHING AGE 18, STUDENTS MUST BE INFORMED OF THEIR RIGHTS UNDER IDEA AND ADVISED THAT THESE RIGHTS WILL TRANSFER TO THEM AT AGE 18.</p> <p><input type="checkbox"/> Not applicable. Student will not be 18 within one year, and the student's next annual IEP meeting will occur no later than the student's 17th birthday.</p> <p><input type="checkbox"/> The student has been informed of his/her rights under IDEA and advised of the transfer of these rights at age 18.</p>

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Consider results of the initial evaluation or most recent reevaluation, and the academic, developmental, and functional needs of the student, which may include the following areas: academic achievement, language/communication skills, social/emotional/behavior skills, cognitive abilities, health, motor skills, adaptive skills, pre-vocational skills, vocational skills, and other skills as appropriate. For students who are 16 or older, or will turn 16 when this IEP is in effect, also consider the results of age appropriate transition assessments related to training/education, employment, and independent living skills (as appropriate).

ASSESSMENTS CONDUCTED	ASSESSMENT RESULTS	EFFECT ON STUDENT'S INVOLVEMENT AND PROGRESS IN GENERAL EDUCATION CURRICULUM OR, FOR EARLY CHILDHOOD STUDENTS, INVOLVEMENT IN DEVELOPMENTAL ACTIVITIES

DATE _____

STRENGTHS, CONCERNS, INTERESTS AND PREFERENCES

PAGE __ OF ____

STATEMENT OF STUDENT STRENGTHS

STATEMENT OF PARENT EDUCATIONAL CONCERNS

STATEMENT OF STUDENT'S PREFERENCES AND INTERESTS *(required if transition services will be discussed, beginning at age 14 or younger if appropriate)*

If student was not in attendance, describe the steps taken to ensure that the student's preferences and interests were considered:

CONSIDERATION OF SPECIAL FACTORS

1. Does the student's behavior impede the student's learning or the learning of others? No. Yes.
If YES, IEP committee **must provide** positive behavioral strategies, supports and interventions, or other strategies, supports and interventions to address that behavior.
 Addressed in IEP.
2. Does the student require assistive technology devices and services? No. Yes.
If YES, IEP committee **must determine** nature and extent of devices and services.
 Addressed in IEP.
3. Does the student have limited English proficiency? No. Yes.
If YES, IEP committee **must consider** the following (check box if IEP committee considered the item):
 Language needs of the student as those needs relate to the student's IEP.
4. Is the student blind or visually impaired? No. Yes.
If YES, IEP committee must evaluate reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or use of Braille) and **must provide** for instruction in Braille and use of Braille **unless determined not appropriate** for the student.
 Braille instruction and use of Braille is not appropriate for student. Braille instruction and use of Braille is addressed in IEP.
5. Does the student have communication needs that require IEP services? No. Yes.
If YES, IEP committee **must determine** nature and extent of services.
 Addressed in IEP.
6. Is the student deaf or hard of hearing? No. Yes.
If YES, IEP committee **must consider** the student's language and communication needs and consider the following (check box if IEP committee considered the item):
 The related services and program options that provide the student with an appropriate and equal opportunity for communication access.
 The student's primary communication mode.
 The availability to the student of a sufficient number of age, cognitive, academic and language peers of similar abilities.
 The availability to the student of adult models who are deaf or hearing impaired and who use the student's primary communication mode.
 The availability of special education teachers, interpreters and other special education personnel who are proficient in the student's primary communication mode.
 The provision of academic instruction, school services and direct access to all components of the educational process, including, without limitation, advanced placement courses, career and technical education courses, recess, lunch, extracurricular activities and athletic activities.
 The preferences of the parent or guardian of the student concerning the best feasible services, placement and content of the student's IEP.
 The appropriate assistive technology necessary to provide the student with an appropriate and equal opportunity for communication access.
7. Does the student have a Specific Learning Disability and Dyslexia? No. Yes.
If YES, the IEP committee **must consider** the following instructional approaches (check box if IEP committee considered the item):
 Explicit, direct instruction that is systematic, sequential and cumulative and follows a logical plan of presenting the alphabetic principle that targets the specific needs of the student.
 Individualized instruction to meet the specific needs of the student in an appropriate setting that uses intensive, highly-concentrated instruction methods and materials that maximize student engagement.
 Meaning-based instruction directed at purposeful reading and writing, with an emphasis on comprehension and composition.
 Multisensory instruction that incorporates the simultaneous use of two or more sensory pathways during teacher presentations and student practice.

TRANSITION

DIPLOMA OPTION SELECTED FOR GRADUATION (Diploma option must be declared at age 14 and reviewed annually.)	
<input type="checkbox"/> Standard or Advanced High School Diploma. Must complete all applicable credit requirements and participate in a College and Career Readiness Assessment.	<input type="checkbox"/> Adjusted High School Diploma. Must complete IEP requirements.
<input type="checkbox"/> Alternative High School Diploma. Must complete all applicable credit requirements and participate in the Nevada Alternate Assessment.	

STUDENT'S VISION FOR THE FUTURE
A short statement that directly quotes what the student wants for the future.

STATEMENT OF TRANSITION SERVICES: COURSE OF STUDY
Beginning at age 14 or younger if determined appropriate by the IEP team, describe the focus of the student's course of study.

STATEMENT OF MEASURABLE POSTSECONDARY GOALS
Beginning not later than the first IEP to be in effect when the student is 16, describe measurable postsecondary goals in the following areas:

- Training/Education

- Employment

- Independent Living Skills (As Appropriate)

- Other

TRANSITION (continued)

STATEMENT OF TRANSITION SERVICES: COORDINATED ACTIVITIES

Beginning not later than the first IEP to be in effect when the student is 16, develop a statement of needed transition services, including strategies or activities, for the student.

Instruction

Any Other Agency Involvement (Optional):

Related Services

Any Other Agency Involvement (Optional):

Community Experiences

Any Other Agency Involvement (Optional):

Employment and Other Post-School Adult Living Objectives

Any Other Agency Involvement (Optional):

Acquisition of Daily Living Skills and Functional Vocational Evaluation (if appropriate)

Any Other Agency Involvement (Optional):

Other

Any Other Agency Involvement (Optional):

IEP GOALS, INCLUDING ACADEMIC AND FUNCTIONAL GOALS, AND BENCHMARKS OR SHORT-TERM OBJECTIVES

<p>MEASURABLE ANNUAL GOAL (including how progress toward the annual goal will be measured)</p> <p><input type="checkbox"/> Check here if this goal supports the student's postsecondary goal(s) and identify the goal(s) to which it relates: <input type="checkbox"/> Training/Education <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living Skills <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Check here if this goal will be addressed during Extended School Year Services (ESY)</p>	<p>PROGRESS REPORT</p> <p>1. Satisfactory Progress Being Made (continue)</p> <p>2. Unsatisfactory Progress Being Made (need to review/revise)</p> <p>3. Goal Met (note date)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 25%;">Date</th> <th style="width: 25%;">Date</th> <th style="width: 25%;">Date</th> <th style="width: 25%;">Date</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Date	Date	Date	Date				
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BENCHMARK OR SHORT-TERM OBJECTIVE

<p>MEASURABLE ANNUAL GOAL (including how progress toward the annual goal will be measured)</p> <p><input type="checkbox"/> Check here if this goal supports the student's postsecondary goal(s) and identify the goal(s) to which it relates: <input type="checkbox"/> Training/Education <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living Skills <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Check here if this goal will be addressed during Extended School Year Services (ESY)</p>	<p>PROGRESS REPORT</p> <p>1. Satisfactory Progress Being Made (continue)</p> <p>2. Unsatisfactory Progress Being Made (need to review/revise)</p> <p>3. Goal Met (note date)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 25%;">Date</th> <th style="width: 25%;">Date</th> <th style="width: 25%;">Date</th> <th style="width: 25%;">Date</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Date	Date	Date	Date				
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BENCHMARK OR SHORT-TERM OBJECTIVE

RELATED SERVICES

RELATED SERVICE	SERVICE TYPE AND/OR DESCRIPTION <i>A – Assessment C - Consultative D - Direct</i>	BEGINNING AND ENDING DATES	FREQUENCY OF SERVICES	LOCATION OF SERVICES
<input type="checkbox"/> Speech/Language				
<input type="checkbox"/> Physical Therapy				
<input type="checkbox"/> Occupational Therapy				
<input type="checkbox"/> Transportation				
<input type="checkbox"/> Counseling				
<input type="checkbox"/> Psychological Services				
<input type="checkbox"/> Orientation and Mobility				
<input type="checkbox"/> Audiology				
<input type="checkbox"/> School Health Services and School Nurse Services				
<input type="checkbox"/> Medical Services for Diagnostic or Evaluation Purposes				
<input type="checkbox"/> Recreation, including Therapeutic Recreation				
<input type="checkbox"/> Parent Counseling and Training				
<input type="checkbox"/> Interpreting Services				
<input type="checkbox"/> Social Work Services				
<input type="checkbox"/> Assistive Technology				
<input type="checkbox"/> Other _____				

PARTICIPATION IN STATEWIDE AND/OR DISTRICT-WIDE ASSESSMENTS

Indicate how the student will participate in statewide or district-wide assessments.	If the student will participate in an alternate assessment, explain why the student cannot participate in the regular assessment, and why the particular alternate assessment selected is appropriate.	If the student will participate in a regular assessment, does the student require accommodations?
State Criterion-Referenced Test (CRT) <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Alternate		<input type="checkbox"/> No <input type="checkbox"/> Yes If YES, list on "Accommodation(s) for the Nevada Proficiency Examination Program" (attach form).
College and Career Readiness Assessment <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Alternate		<input type="checkbox"/> No <input type="checkbox"/> Yes If YES, list on "Accommodation(s) for the Nevada Proficiency Examination Program" (attach form).
Other (List): _____ <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Alternate		<input type="checkbox"/> No <input type="checkbox"/> Yes List Accommodation(s):

EXTENDED SCHOOL YEAR SERVICES

Does the student require extended school year services?
 No Yes If YES, IEP goals and benchmarks/short-term objectives and/or related services to be implemented in ESY must be identified.
 If need for ESY is to be determined at a later date, indicate date by which IEP decision will be made: _____

PLACEMENT

PLACEMENT CONSIDERATIONS		PERCENTAGE OF TIME IN REGULAR EDUCATION ENVIRONMENT
<input type="checkbox"/> Selected	<input type="checkbox"/> Rejected	The student will spend _____ % of his or her school day in the regular education environment.
<input type="checkbox"/> Selected	<input type="checkbox"/> Rejected	
<input type="checkbox"/> Selected	<input type="checkbox"/> Rejected	
<input type="checkbox"/> Selected	<input type="checkbox"/> Rejected	
<input type="checkbox"/> Selected	<input type="checkbox"/> Rejected	
<input type="checkbox"/> Selected	<input type="checkbox"/> Rejected	
<input type="checkbox"/> Selected	<input type="checkbox"/> Rejected	
<input type="checkbox"/> Selected	<input type="checkbox"/> Rejected	
	Regular class with supplementary aids and services (no removal)	
	Regular class and special education class (e.g., resource) combination	
	Self-contained program	
	Special school	
	Residential	
	Hospital	
	Home	
	Other _____	

JUSTIFICATION FOR PLACEMENT INVOLVING REMOVAL FROM REGULAR EDUCATION ENVIRONMENTS*

Explain why the IEP goals and objectives cannot be implemented in regular education environments, including the reasons why the team rejected a less restrictive placement. Include an explanation of any harmful effects on the learning of this or other students which affected the placement selection.

*Regular education environments include academic classes (which might include field trips linked to the curriculum), nonacademic settings (such as recess), and extracurricular activities (for example, sports, after-school clubs, band, etc.).

IEP IMPLEMENTATION

As the parent, I agree with the components of this IEP. I understand that its provisions will be implemented as soon as possible after the IEP goes into effect.

As the parent, I disagree with all or part of this IEP. I understand that the school district must provide me with written notice of any intent to implement this IEP. If I wish to prevent the implementation of this IEP, I must submit a written request for a due process hearing to the local school district superintendent.

Parent Signature _____

A copy of this IEP was provided to the student's parent on: _____ by _____
 (date) (name) (title)