

## Oregon Standard INDIVIDUALIZED EDUCATION PROGRAM

### DEMOGRAPHICS

_____ Student	_____ Resident District	_____ IEP Meeting Date
Gender: ___ M ___ F    Grade: _____	_____ Attending District	_____ Annual IEP Review Date
_____ Date of Birth (mm/dd/yy)	_____ Attending School	_____ Amendment Date
_____ Secure Student Identifier (SSID)	_____ Case Manager	_____ Most Recent (re)Evaluation Date
_____ Primary Disability Code & Category	_____ Secondary Disability Code & Category – OPTIONAL	_____ Re-Evaluation Due Date

**MEETING PARTICIPANTS**

_____ Student	_____ Parent/Guardian/Surrogate	_____ Parent/Guardian/Surrogate
_____ Special Education Teacher / Provider	_____ Special Education Teacher / Provider	_____ District Representative
_____ General Education Teacher	_____ General Education Teacher	_____ Individual Interpreting Instructional Implications of Evaluations
_____ Agency Representative, if appropriate	_____ Other	_____ Other
_____ Other	_____ Other	_____ Other

**NOTE: If required team member participates through written input or is excused from all or part of the IEP meeting, attach documentation of parent's and district's agreement to participate by written input or excuse.**

A district provided interpreter was used for this meeting: YES  NO  Name \_\_\_\_\_

**PROCEDURAL SAFEGUARD NOTIFICATION** 34 CFR 300.504(a)

Parent was provided the special education procedural safeguards in his/her native language or other mode of communication

YES\_\_\_\_ NO\_\_\_\_

If student is of transition age, he/she was provided the special education procedural safeguards in his/her native language or other mode of communication

YES\_\_\_\_ NO\_\_\_\_ N/A\_\_\_\_

**SPECIAL FACTORS**

In developing each student's IEP, the IEP team must consider (34 CFR 300.324):

A. Does the student exhibit behavior that impedes his/her learning or the learning of others? <span style="float: right;">34 CFR 300.324(a)(2)(i)</span>	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If YES, the IEP addresses the use of positive behavioral interventions and supports, and other strategies, to address that behavior(s).</i>	
B. Does the student have limited English Proficiency? <span style="float: right;">34 CFR 300.324(a)(2)(ii)</span>	
<input type="checkbox"/> YES English Language Proficiency Level _____	<input type="checkbox"/> NO
<i>If YES, the IEP team must consider the language needs of the student as those needs relate to the student's IEP.</i>	
C. Is the student blind or visual impaired? <span style="float: right;">34 CFR 300.324(a)(2)(iii)</span>	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If YES, Braille needs are addressed in the IEP, or an evaluation of reading/writing needs is completed and a determination is made that Braille is not appropriate.</i>	
D. Does the student have communication needs? <span style="float: right;">34 CFR 300.324(a)(2)(iv)</span>	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If YES, the IEP addresses communication supports, services, and/or instruction.</i>	
E. Is the student deaf or hard of hearing? <span style="float: right;">34 CFR 300.324(a)(2)(iv)</span>	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If YES, the IEP addresses the student's language and communication needs, opportunities for direct communication with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode.</i>	
F. Does the student need assistive technology devices or services? <span style="float: right;">34 CFR 300.324(a)(2)(v)</span>	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If YES, the IEP addresses assistive technology devices or services.</i>	
G. Does the student require one or more specialized formats (braille, large print, audio, and/or digital text) of educational materials because blindness or other disability prevents effective use of standard print materials? <span style="float: right;">34 CFR 300.210(b)(3); 300.172(b)(4)</span>	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If YES, alternate format(s) is/are identified in the IEP.</i>	

**PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**

In developing each student's IEP, the IEP team must consider (*34CFR 300.324*):

Student's overall strengths, interests, and preferences:	<i>34 CFR 300.324 (a)(1)(i)</i>

Input from parent(s) in the areas of academic achievement and functional performance, including concerns for enhancing the education of their child:	<i>34 CFR 300.324(a)(1)(ii)</i>

Present level of academic achievement (i.e. reading, writing, mathematics, etc), including most recent performance on State or district-wide assessments: <ul style="list-style-type: none"><li>• Strengths of the student</li><li>• Needs of the student</li><li>• How the student's disability affects involvement and progress in the general education curriculum</li></ul>	<i>34 CFR 300.320(a)(1); 300.324(a)(iii)</i>
Narrative and supporting data:  	

Present level of functional performance (not limited to, but may include communication, social skills, behavior, organization, fine/gross motor skills, self-care, self-direction, etc), including the results of initial or most recent formal or informal assessments/observations: <ul style="list-style-type: none"><li>• Strengths of the student</li><li>• Needs of the student</li><li>• How the student's disability affects involvement and progress in the general education curriculum</li></ul>	<i>34 CFR 300.320(a)(1)</i>
Narrative and supporting data:  	

**TRANSITION PLANNING**

Beginning not later than the first IEP to be in effect when the child turns 16, or younger if determined appropriate by the IEP team, and updated annually, thereafter, the IEP must include: *34 CFR 300.320(b)*

**Results of age-appropriate transition assessments, including student's preferences, interests, needs and strengths (PINS)**  
*34 CFR 300.320(b)(1); 34 CFR 300.43(a)(2)*

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**Appropriate, measurable post-secondary goals based upon age-appropriate transition assessments** *34 CFR 300.320(b)(1)*

**Training**

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**Education**

--

**Employment**

--

**Independent living skills (where appropriate)**

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**Transition Services/Activities:** Transition Services include instruction, related services, community experiences, the development of employment and other post-school adult living objectives, and if appropriate, acquisition of daily living skills and provision of a functional vocational evaluation. *34 CFR 300.43*

**Course of Study:** (designed to assist the student in reaching the post-secondary goals) *34 CFR 300.320(b)(2)*

**Agency Participation:** To the extent appropriate, with consent of the parents or adult student, the school district must invite a representative of any participating agency likely to be responsible for providing or paying for transition services. *34 CFR 300.321(b)(3)*

**Graduation** *34 CFR 300.102(a)(3)(i)-(iii)*

Anticipated Graduation Date: \_\_\_\_\_

- With Regular Diploma
- With Modified Diploma
- With Extended Diploma
- With Alternative Certificate

**Transfer of Rights** *34 CFR 300.320(c), 300.520*

The student and parent were informed of his/her rights under Part B of IDEA that will transfer to the student at the age of majority:

- YES
- Date student was informed: \_\_\_\_\_
- Date anticipated transfer will occur: \_\_\_\_\_

*The district must also provide written notice of the transfer of rights to the student and the parent when the student reaches the age of majority.*

**STATEWIDE ASSESSMENT** 34 CFR 300.320(a)(6)

**Will the student participate in any Statewide Assessments during this IEP period?**

- No, Statewide Assessment not conducted at student's grade level (at time of testing)
- Yes (student's grade level at time of testing \_\_\_\_\_). *If yes, describe participation decisions below:*

<p align="center"><b>Standard Assessment or Alternate Assessment</b> (select one)</p>	<p align="center"><b>Accessibility Supports</b> (includes all accommodations, designated supports, and/or universal tools the team identifies as necessary for statewide assessments)</p>	<p align="center"><b>Modified Cut Scores</b> (Only available for standard assessment with or without accommodations)</p>	<p align="center"><b>*Explanation</b> State why student cannot participate in standard assessment and why particular alternate assessment selected is appropriate for student.</p>
<input type="checkbox"/> Standard: English Language Arts / Literacy <input type="checkbox"/> Without accessibility supports <input type="checkbox"/> With accessibility supports <input type="checkbox"/> Alternate: Extended Assessment*			
<input type="checkbox"/> Standard: Mathematics <input type="checkbox"/> Without accessibility supports <input type="checkbox"/> With accessibility supports <input type="checkbox"/> Alternate: Extended Assessment*			
<input type="checkbox"/> Standard: Science <input type="checkbox"/> Without accessibility supports <input type="checkbox"/> With accessibility supports <input type="checkbox"/> Alternate: Extended Assessment*			
<input type="checkbox"/> Standard: Social Sciences <input type="checkbox"/> Standard without accessibility supports <input type="checkbox"/> Standard with accessibility supports			

<p align="center"><b>Standard Assessment</b></p>	<p align="center"><b>Accessibility Supports</b>                      (includes all accommodations, designated supports, and/or universal tools the team identifies as necessary for statewide assessments)</p>	<p align="center"><b>Exemption Decisions                      (identify appropriate domains)</b>                      Due to the nature of some students' disabilities, an IEP team might exempt the student from responding to a particular domain</p>	<p align="center"><b>*Explanation</b>                      Statement why student cannot participate in select domains</p>
<input type="checkbox"/> English Language Proficiency Assessment (ELPA) <input type="checkbox"/> Without accessibility supports <input type="checkbox"/> With accessibility supports		<input type="checkbox"/> *Listening <input type="checkbox"/> *Reading <input type="checkbox"/> *Writing <input type="checkbox"/> *Speaking	
<input type="checkbox"/> Kindergarten Assessment (KA) <input type="checkbox"/> Without accessibility supports <input type="checkbox"/> With accessibility supports		<input type="checkbox"/> *Early Literacy <input type="checkbox"/> *Early Math <input type="checkbox"/> *Approaches to Learning	

**DISTRICT-WIDE ASSESSMENT**

**District-wide Assessment**

**Will the student participate in any District-wide assessment during this IEP period?**

- No, District-wide Assessment not conducted at student's grade level (at time of testing)
- Yes, student's grade level at time of testing \_\_\_\_\_. *If yes, describe participation decisions below:*

<p align="center"><b>Standard Assessment or Alternate Assessment</b> (select one)</p>	<p align="center"><b>Accessibility Supports</b> (includes all accommodations, designated supports, and/or universal tools the team identifies as necessary for statewide assessments)</p>	<p align="center"><b>* <u>Explanation:</u></b> <i>State why student cannot participate in standard assessment and why particular alternate assessment selected is appropriate for student.</i></p>
<p><input type="checkbox"/> Standard District Assessment: _____  <input type="checkbox"/> Without accessibility supports  <input type="checkbox"/> With accessibility supports  <input type="checkbox"/> Alternate District Assessment: _____  <input type="checkbox"/> Without accessibility supports  <input type="checkbox"/> With accessibility supports</p>		
<p><input type="checkbox"/> Standard District Assessment: _____  <input type="checkbox"/> Without accessibility supports  <input type="checkbox"/> With accessibility supports  <input type="checkbox"/> Alternate District Assessment: _____  <input type="checkbox"/> Without accessibility supports  <input type="checkbox"/> With accessibility supports</p>		
<p><input type="checkbox"/> Standard District Assessment: _____  <input type="checkbox"/> Without accessibility supports  <input type="checkbox"/> With accessibility supports  <input type="checkbox"/> Alternate District Assessment: _____  <input type="checkbox"/> Without accessibility supports  <input type="checkbox"/> With accessibility supports</p>		

## ANNUAL ACADEMIC AND FUNCTIONAL GOALS AND OBJECTIVES

<b>Goal Area:</b>	<i>34 CFR 300.320(a)(2)(i)</i>
<b>Annual Measurable Goal (including conditions and frequency):</b>	
<b>Objectives (if needed):</b>	
<b>Related Content Standard(s), if applicable:</b>	
<b>How progress will be measured:</b>	
<b>How progress will be reported, including frequency:</b> <i>34 CFR 300.320(a)(3)(i)</i>	
<b>Progress Towards Goal</b>	<i>34 CFR 300.320(a)(3)(ii)</i>
<b>Date of Progress:</b> ___/___/___ Narrative and supporting data:	
<b>Date of Progress:</b> ___/___/___ Narrative and supporting data:	
<b>Date of Progress:</b> ___/___/___ Narrative and supporting data:	

**SERVICES**

The IEP team must identify and provide appropriate services to enable the student:

- To advance appropriately towards attaining the annual goals *34 CFR 300.320(a)(4)(i)*
- To be involved in and make progress in the general education curriculum and to participate in extracurricular and other nonacademic activities *34 CFR 300.320(a)(4)(ii)*
- To be educated and participate with other children with disabilities and nondisabled children in extracurricular and other nonacademic activities *34 CFR 300.320(a)(4)(iii) & 300.107*

<b>Specially Designed Instruction</b> <i>34 CFR 300.39</i>	<b>Anticipated Amount &amp; Frequency</b>	<b>Anticipated Location</b>	<b>Starting Date</b>	<b>Ending Date</b>	<b>Provider</b>	<b>Role Responsible for Monitoring</b>

<b>Related Services</b> <i>34 CFR 300.34</i>	<b>Anticipated Amount &amp; Frequency</b>	<b>Anticipated Location</b>	<b>Starting Date</b>	<b>Ending Date</b>	<b>Provider</b>	<b>Role Responsible for Monitoring</b>

<b>Supplementary Aids/Services; Accommodations</b> <i>34 CFR 300.320(a)(4)(i)-(iii)</i>	<b>Anticipated Amount &amp; Frequency</b>	<b>Anticipated Location</b>	<b>Starting Date</b>	<b>Ending Date</b>	<b>Provider</b>	<b>Role Responsible for Monitoring</b>

<b>Supplementary Aids/Services; Modifications</b> <i>34 CFR 300.320(a)(4)(i)-(iii)</i>	<b>Anticipated Amount &amp; Frequency</b>	<b>Anticipated Location</b>	<b>Starting Date</b>	<b>Ending Date</b>	<b>Provider</b>	<b>Role Responsible for Monitoring</b>

<b>Program Modifications/ Supports for School Personnel</b> <i>34 CFR 300.320(a)(4)(i)-(iii)</i>	<b>Anticipated Amount &amp; Frequency</b>	<b>Anticipated Location</b>	<b>Starting Date</b>	<b>Ending Date</b>	<b>Provider</b>	<b>Role Responsible for Monitoring</b>

**NONPARTICIPATION JUSTIFICATION** *34 CFR 300.320(a)(5)*

Describe the extent (including amount), if any, to which the child will not participate with nondisabled children in the regular classroom and in extracurricular and other nonacademic activities:
Provide explanation justifying the removal, if any:

**EXTENDED SCHOOL YEAR (ESY) SERVICES** *34 CFR 300.106; OAR 581-015-2065*

Criteria/Inquiry:

Does the student experience regression on his/her IEP goals and objectives?

- Yes  No  More information needed

Explanation:

Does the student experience a prolonged recoupment period of time to relearn previously learned skills?

- Yes  No  More information needed

Explanation:

Other factors considered by the team:

Decision:

Does the student require ESY services?

- Yes (described below, including goals to be addressed)  No  To be determined by \_\_\_\_\_

<b>Specially Designed Instruction</b> <i>34 CFR 300.39</i>	<b>Anticipated Amount &amp; Frequency</b>	<b>Anticipated Location</b>	<b>Starting Date</b>	<b>Ending Date</b>	<b>Provider</b>	<b>Role Responsible for Monitoring</b>

<b>Related Services</b> <i>34 CFR 300.34</i>	<b>Anticipated Amount &amp; Frequency</b>	<b>Anticipated Location</b>	<b>Starting Date</b>	<b>Ending Date</b>	<b>Provider</b>	<b>Role Responsible for Monitoring</b>