The IEP Form: One Page at a Time



Matrix Parent Network

We **empower** families of children with special needs to successfully understand and access the systems that serve them.

We want **you** to become successful advocates and role models for your children.



Who am I and Who are You?





You will leave here knowing:



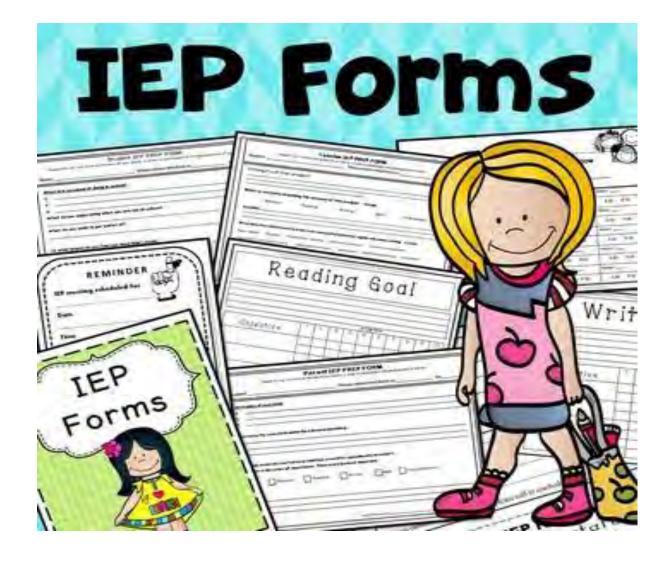
- What information should be included in the IEP.
- What info is important on each page.
- How to find info in your child's IEP when you need it.

Let's Dive into ...

The IEP document is an agreement between you and your child's school district.

It has two purposes:

- Provide educational benefit
- Comply with IDEA





The Forms follow an order:

An IEP meeting should follow a specific order:

• It starts with a discussion the child's current **performance and needs**.

• It progresses through **goals** based on those needs,

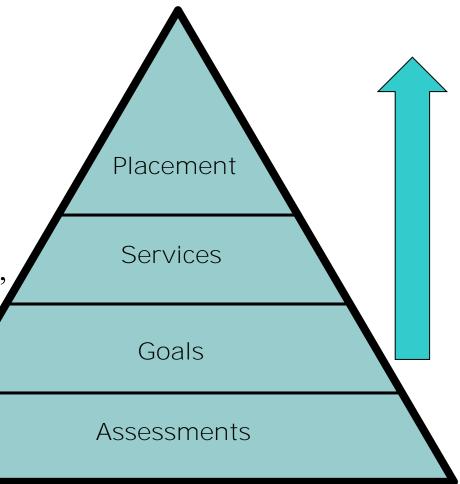
accommodations and other supports to help the child,

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• services offered to enable the child to meet goals, and

• placement (where these services will be provided).

The pages in an IEP document should reflect that order.



Pages in the IEP

All annual Individual Education Plans (IEPs) must have the following pages:

- 1. Information/Eligibility
- 2. Present Levels of Academic Achievement and Functional Performance
- 3. Special Factors
- 4. Statewide Assessments
- 5. Annual Goals
- 6. Services Offer of FAPE
- 7. Educational Setting Offer of FAPE
- 8. Signature and Parent Consent

In addition, most IEPs will have a Notes page.

Notice of Meeting

Not part of IEP document, you get this notice BEFORE the meeting

	Make sure you know the meeting and who w	
	attending.	
le antic	ipate that the following members may a	Iso attend:
□Admir	nistrator/Designee	
Specia	al Education Teacher	
Gener	al Education Teacher	
Stude	nt	
Psych	ologist	
	77 N. P. C. C.	



+ resource

For LEA use only:

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INVITATION TO INDIVIDUAL EDU	CATIONAL PROGRAM	TEAM MEETINGHOTICE OF MEETING
Student Name: Student Sample		Birthdate: <u>11/4/2007</u>
☐ Initial ☐ Annual ☐ Triennial ☐ Transition Planning ☐ Pre-Expu	Ision Interim Other	
Address		
Dear	a Million and A	Today's Date
An Individual Education Program (IEP) Meeting is being arranged invited to attend as a member of the IEP team. Your participation a and arriving at decisions about your child's education. You have the expertise about your child. Your child could benefit from participatimeeting and the student was receiving services under Part C throu Coordinator or other representative. Secondary students age 15 or may also participate in the meeting.	and input are important in the right to have other indivi- on in the IEP meeting and igh an IFSP, you may requ	the development of an appropriate education duals present who have knowledge or spec is invited to attend. If this is the initial IEP uest that the district invite the Part C Service
The meeting is scheduled for:		
Date	Time	
School/Location	Room	-
We anticipate that the following members may also attend:		
Administrator/Designee		~
☐ Special Education Teacher		
General Education Teacher		
Student		
Psychologist		
☐ Specialist	0	
NOTICE: If you wish to audio tape this meeting, you must provide	24 hour notice, we may al	so audio tape the meeting.
If you would like further information about your Procedural S	Safeguards or the purpo	ose of this meeting, please call:
Name	Title	
School/District Sonoma Co.Non Public Schools and Agencies	Phone	-
Please complete and sign this form, and return to Check the following items, as appropriate: YES, I plan to attend the meeting YES, I plan to attend the meeting and bring the following addition I do not plan to attend the meeting, but I am available by telecon	nal attendees: ference	
☐ I require assistance of an interpreter. (Language) ☐ I request a different time and/or place. Please call me at	Home	Work
I give my consent for the district to invite other agency personne NO, I cannot attend the meeting, but hereby give my permission the IEP and related documents from this meeting will be provided to INO, I cannot attend, but I will send IEP and related documents from this meeting will be provided to meeting w	al to attend the meeting if a for the meeting to be held to me for my signature, an as my repre-	secondary transition is being addressed. If without me (CFR 300.322d), I understand If agree to return them in a timely manner, sentative to speak for me. I understand the
Olemature	D.L.	
Signature	Date	

Notice of Meeting, continued

Note that you need to give 24 hour notice if you plan to tape the meeting, and sign and return the notice, indicating you plan to attend.

NOTICE: If you wish to audio tape this meeting, you must provide 24 hour notice, we may also audio tape the meeting.

Please complete and sign this form,	and return to
Sheck the following items, as app	
YES, I plan to attend the meeting	
YES, I plan to attend the meeting	and bring the following additional attendees:



SONOMA COUNTY SELPA INVITATION TO INDIVIDUAL EDUCATIONAL PROGRAM TEAM MEETING NOTICE OF MEETING Student Name: Student Sample Birthdate: 11/4/2007 Initial Annual Triennial Transition Planning Pre-Expulsion Interim Other Address Today's Date An Individual Education Program (IEP) Meeting is being arranged to discuss educational program for the student named above. You are invited to attend as a member of the IEP team. Your participation and input are important in the development of an appropriate education and arriving at decisions about your child's education. You have the right to have other individuals present who have knowledge or special expertise about your child. Your child could benefit from participation in the IEP meeting and is invited to attend. If this is the initial IEP meeting and the student was receiving services under Part C through an IFSP, you may request that the district invite the Part C Service Coordinator or other representative. Secondary students age 15 or older should attend the IEP Team meeting. Parents of adult students may also participate in the meeting. The meeting is scheduled for: School/Location We anticipate that the following members may also attend: Administrator/Designee Special Education Teacher General Education Teacher Student Psychologist ☐ Specialist NOTICE: If you wish to audio tape this meeting, you must provide 24 hour notice, we may also audio tape the meeting. If you would like further information about your Procedural Safeguards or the purpose of this meeting, please call: School/District Sonoma Co.Non Public Schools and Agencies ease complete and sign this form, and return to Check the following items, as appropriate: YES, I plan to attend the meeting YES, I plan to attend the meeting and bring the following additional attendees: I do not plan to attend the meeting, but I am available by teleconference require assistance of an interrotor. (Language) ☐ I request a different time and/or place. Please call me at I give my consent for the district to invite other agency personnel to attend the meeting if secondary transition is being addressed. NO, I cannot attend the meeting, but hereby give my permission for the meeting to be held without me (CFR 300.322d). I understand the IEP and related documents from this meeting will be provided to me for my signature, and I agree to return them in a timely manner. NO, I cannot attend, but I will send as my representative to speak for me. I understand the IEP and related documents from this meeting will be provided to me for my signature, and I agree to return them in a timely manner. Signature ☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student For LEA use only:

1. Information/Eligibility

Key Dates - check for accuracy

Original SpEd Entry Date: Last Eval: Next Annual IEP:

Next Eval:

Date of Initial Referral for Special Education Services: Person Initiating the Referral for Special Education service: Date District Received Parent Consent: Date of Initial Meeting to Determine Eligibility:

Student Legal Name: <u>Sample, Student</u> Original SpEd Entry Date: Last Eval:	Legal Suffix: Date Next Annual IEP: Next Eval:	Birth: <u>11/4/2007</u> IEP Date:
MEETING TYPE: Initial Annual Tr Additional Purpose of Meeting (If neede		erim Other
Age: 12 year(s) 9 months	128 March 1997	
Grade:	Native Language:	
EL: Yes No	Redesignated: Yes No	Interpreter Yes No
Student ID:	SSID:	
Parent/Guardian:	Home Phone:	
Home Address:	Work Phone:	
City:	Cell Phone:	
State/Zip: ,	Email:	
Parent/Guardian:	Home Phone:	
Home Address:	Work Phone:	
City:	Cell Phone:	
State/Zip: ,	Email:	
District of Special Education Accounta	hilling Conoma Co. Office of Education	
Residence School:	Sololid Co. Office of Education	
Hispanic Ethnicity: ☐Yes ☐No ☐Eth	nicity Intentionally Left Blank	
Race (regardless of Ethnicity): Race 1.		8. Race 4.
Race 5 Race Intentionally Le		
NDICATE DISABILITY/IES Note: For initia	l and triennial IEPs, assessment must be don	ne and discussed by IEP Team before determining
eligibility. * Low Incidence Disability	100	
Primary:	Secondary:	
☐Not Eligible for Special Education ☐Ex	dting from Special Education (returned to	reg. ed/no longer eligible)
Describe how student's disability affect n appropriate activities)	ts involvement and progress in gener	ral curriculum (or for preschoolers, participation
FOR INITIAL PLACEMENTS ONLY Has the student received IDEA Coordinated Yes Ale	d Early Intervening Services (CEIS) using	15% of IDEA funding in the past two years?
Date of Initial Referral for Special Education Person Initiating the Referral for Special Educate District Received Parent Consent:		

1. Information/Eligibility

Purpose of the IEP meeting

MEETING TYPE: Initial Annual Triennial	
Additional Purpose of Meeting (If needed): ☐ Transition ☐ Pre-Expulsion ☐ Interim ☐ Ott	ther

Disability

NDICATE DISABILITY/IES Note: For initial and triennial IEPs, assessment must be done and discussed by IEP Team before determining aligibility. *Low Incidence Disability

Primary:

Secondary:

□ Not Eligible for Special Education □ Exiting from Special Education (returned to reg. ed/no longer eligible)

Describe how student's disability affects involvement and progress in general curriculum (or for preschoolers, participation n appropriate activities)



SELL.P.A NATURAL INC	SONOMA COUNTY SELPA DIVIDUALIZED EDUCATION PROGRAM (IEP) - INFORMATION / ELIGIBILITY
INL	DIVIDUALIZED EDUCATION PROGRAM (IEP) - INFORMATION / ELIGIBILITY
Student Legal Name: Sample, Student	Legal Suffix: Date of Birth: 11/4/2007 IEP Date:
Original SpEd Entry Date:	Next Annual IEP:
ast Evel:	Next Eval.
MEETING TYPE: Initial Annual To	riennial
Additional Purpose of Meeting (If need	ed): Transition Pre-Expulsion Interim Other
Age: 12 year(s) 9 months	
Grade:	Native Language:
EL: Yes No	Redesignated: ☐ Yes ☐ No Interpreter ☐ Yes ☐ No
Student ID:	SSID:
Parent/Guardian:	Home Phone:
Home Address:	Work Phone:
City:	Cell Phone:
State/Zip:	Email:
Parent/Guardian:	Home Phone:
Home Address:	Work Phone:
City:	Cell Phone:
State/Zip: ,	Email:
District of Special Education Accounta	ability: Sonoma Co. Office of Education
Residence School:	
Hispanic Ethnicity: Yes No Fit	policity Intentionally Left Blank
Race (regardless of Ethnicity): Race 1.	Race 2. Race 3. Race 4.
Race 5. Race Intentionally Li	
	al and triennial IEPs, assessment must be done and discussed by IEP Team before determining
ligibility. * Low Incidence Disability	Canandanii
Primary:	Secondary:
☐Not Eligible for Special Education ☐E	xiting from Special Education (returned to reg. ed/no longer eligible)
	ts involvement and progress in general curriculum (or for preschoolers, participati
n appropriate activities)	
FOR INITIAL PLACEMENTS ONLY Has the student received IDEA Coordinate	ed Early Intervening Services (CEIS) using 15% of IDEA funding in the past two years?
☐Yes ☐No	
☐ Yes ☐ No Date of Initial Referral for Special Educatio Person britishing the Referral for Special Ed	

Information/Eligibility

Examples of the "how disability affects student's involvement and progress in general curriculum":

"auditory processing deficits adversely impact the student's ability to understand directions and complete activities in the general education setting", or

"significant speech and language deficits interfere with the student's ability to interact with other students in the preschool setting".

It is NOT what the school will do for your student or just a statement of what the disability is. This should answer the question **HOW** the disability impacts educational performance.



2. Present Levels of Academic Achievement and Functional Performance

Strengths and preferences are important to developing a program that works for the student

Strengths/Preferences/Interests

Parent input and concerns relevant to educational progress

Parent input must be filled in AT the meeting, not beforehand. It is a good idea to come to the meeting with a suggested short paragraph you want to see here.



	TRESE	IT LEVELS OF ACADEMIN	ACTIEVEMENT AND I	FUNCTIONAL PERFORMANCE
Student Name: Sample, S	tudent	Birthdate: 1	1/4/2007	IEP Date:
trengths/Preferences/In	terests	>		
arent input and concern	ns relevant to	educational progress		
marter Balanced A	ssessment	Consortium (SBAC)		
Not Applicable				
English/Language Arts (Overall			
Standard Exceeded : Reading Vriting Speaking and Listening	☐Above Sta	□Standard Nearly Met □St ndard □Near Standard □E ndard □Near Standard □E ndard □Near Standard □E	Below Standard Below Standard	
Research/Inquiry	☐Above Sta	ndard Near Standard E	Below Standard	
lath				
Not Applicable				
Concepts and Procedures		Standard Nearly Met ☐Standard ☐Near Standard ☐E		
Problem Solving and Data Analysis	☐Above Sta	ndard Near Standard E	Selow Standard	
Communication Reasoning	Above Sta	ndard Near Standard E	Below Standard	
California Alternate	Assessmen	ts (CAA)		
Not Applicable				
English Language Arts Math Science	Understan	ding □Foundational Unders ding □Foundational Unders ding □Foundational Unders	tanding Limited Unders	standing
inglish Language Devel			anding Chinated Orders	salung
Not Applicable	opinent rest (English Learners Only)		
ELPAC				
Overall Score: Overall Pe Vritten Language Score/Le		el: Oral Language Score/L	.evel:	
istening: Vriting:		Speaking:	Rea	ding:
Alternate Assessment		Name:		
Overall Score/Level:	Listening:	Speaking:	Reading:	Writing:
hysical Education Testi	ng (grades 5, 7	7 & 9):		
	o a curriculu	m assessment other distr	ict assessment, etc.)	
ther Assessment Data (e.g., curriculu	massessment, outer alsa		

2. Present Levels, continued

Statewide Assessments

Smarter Balanced Assessment Consortium (SBAC)

Your child's scores on statewide, standardized assessments will be shown on this page. Smarter Balance is the test most students take.

California Alternate Assessments (CAA)

The California Alternate Assessments are tests for students with significant cognitive impairment who cannot take the SBAC test.



			Page of
	SONO	MA COUNTY SELPA	
PRESENT	LEVELS OF ACADEMIC A	ACHIEVEMENT AND F	UNCTIONAL PERFORMANCE
tudent	Birthdate: 11/	4/2007	IEP Date:
terests			
s relevant to edu	icational progress		
	p S		
ssessment Co	onsortium (SBAC)		
verall			
	tandard Nearly Met Stan	dard Not Met	
		The state of the s	
☐ Above Standa	ard Near Standard Bel	ow Standard	
Above Standa	ard Near Standard Be	low Standard	
☐Above Standa	rd ☐Near Standard ☐Bel	low Standard	
☐Above Standa	ard Near Standard Bel	low Standard	
Assessments	(CAA)		
Understanding	Foundational Understar	nding Limited Underst	tanding
Understanding	Foundational Understan	nding Limited Underst	tanding
opment Test (En	glish Learners Only)		
	Oral Language Score/Lev	el:	
	Speaking:	Read	lina:
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
	Name:		
Listening:	Speaking:	Reading:	Writing:
ng (grades 5, 7 &	9):		
-	9): essessment, other district	assessment, etc.)	
-	The same and the same and the	assessment, etc.)	
	tudent terests serelevant to edu serelevant to e	tadent Birthdate: 11/2 terests serelevant to educational progress sesessment Consortium (SBAC) Assessment Consortium (SBAC) Standard Met Standard Nearly Met Standard Beller Standard Near Standard Beller Above Standard Power Standard Description Near Standard Descr	terests sessment Consortium (SBAC) Averall Standard Met Standard Nearly Met Standard Not Met Above Standard Near Standard Below Standard Assessments (CAA) Understanding Foundational Understanding Limited Understanding Foundational Understanding Limited Understanding Foundational Understanding Compent Test (English Learners Only) Informance Level: Oral Language Score/Level: Speaking: Read Name:

2. Present Levels, continued

Preacademic/Academic/Functional Skills

Every area should be filled in, even if it says "not applicable".

Communication Development

Gross/Fine Motor Development

Social Emotional/Behavioral

Vocational

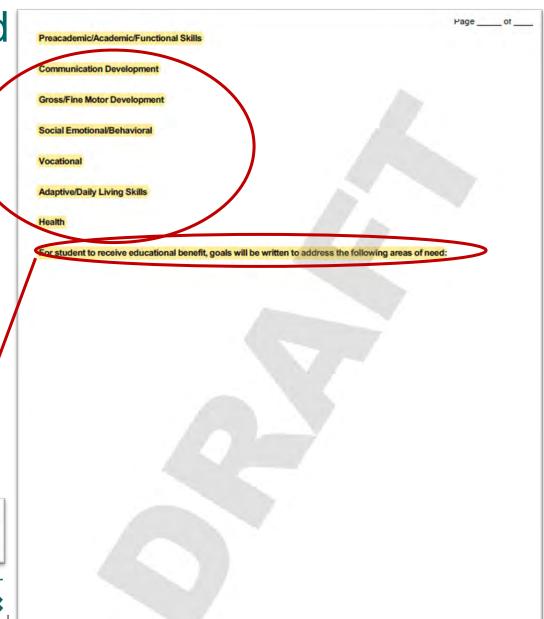
Adaptive/Daily Living Skills

Health

For student to receive educational benefit, goals will be written to address the following areas of need:

Based on issues identified with academic and functional skills, a list of goals will be developed.





2. Present Levels, continued

Goals, which will be discussed in later pages, should stem directly from the needs identified in this section. The bottom of the Present Levels page should provide list of the areas of need in which goals will be written.

Areas of need might include things like:

- Reading
- Math
- Social Skills
- Communication



3. Special Factors

Does the student require assistive technology devices and/or services? ☐ Yes ☐ No

Assistive technology includes all specialized devices and services not provided to the general school population. For example, if all students get ipads, this would not be listed here. But if specialized software is required for speaking or reading is required, it should be included.

If the student is an English Learner,

This section is only filled out if your student is a English language learner

Does the student require low incidence services,

Low incidence services are for those eligible as Deaf/Blind, Visually Impaired, Orthopedically Impaired, or Hard of Hearing and Deaf.



MOTO 3 E L P A ANTAL	SONOMA COUNTY: SPECIAL FACTO	
Student Name: Sample, Student	Birthdate: <u>11/4/2007</u>	IEP Date:
Ooes the student require assistive techno	logy devices and/or services? Yes	lNo
Rationale:		
Does the student require low incidence set by the student require set by the set by the student require set by the student require set by the student require set by the set by the student require set by the set by	ervices, equipment and/or materials to n	neet educational goals? ☐ Yes ☐ No
Considerations if the student is blind or vi	sually impaired:	
Considerations if the student is deaf or ha	rd of hearing:	
f the student is an <mark>English Learner,</mark>	complete the following section:	
Does the student need primary language :	support? Yes No If yes, how will it b	e provided?
Where will ELD services be provided to the	e student? General Education Spec	ial Education
The student will participate in the following	g type of program:	
Structured English Immersion Alternative	Language Program (type or description)	
Comments:		
Oces student's behavior impede learning	of self or others? Yes No	
f yes, specify positive behavior intervention	ons, strategies, and supports:	
Behavior Goal is part of this IEP Behavio	or Intervention Plan (BIP) Attached	

3. Special Factors, continued

Does studer (describe)	nt's behavior impede learning of self or others? Yes No
If yes, specif	y positive behavior interventions, strategies, and supports:
☐ Behavior (Goal is part of this IEP Behavior Intervention Plan (BIP) Attached

This question is for ANY behavior that interferes with learning, not just disruptive behavior. If "yes" is checked on the behavior question, then a behavior goal or BIP *MUST* be included in the IEP.



Rationale: Does the student require low incidence services, equipment and/or materials to meet educational goals? Yes (if yes, specify) Considerations if the student is blind or visually impaired: Considerations if the student is deaf or hard of hearing: If the student is an English Learner, complete the following section: Does the student need primary language support? Yes No if yes, how will it be provided? Where will ELD services be provided to the student? General Education Special Education The student will participate in the following type of program: Structured English Immersion Alternative Language Program (type or description) Comments: Occupant Occupant	SPECIAL FACTORS Int Birthdate: 11/4/2007 IEP Date: stive technology devices and/or services? Yes No incidence services, equipment and/or materials to meet educational goals? Yes No is blind or visually impaired: is deaf or hard of hearing: In Learner, complete the following section: by language support? Yes No yes, how will it be provided? revided to the student? General Education Special Education the following type of program:	Student Name: Sample, Student Birthdate: 11/4/2007 IEP Date: Does the student require assistive technology devices and/or services? Yes No Rationale: Does the student require low incidence services, equipment and/or materials to meet educational goals? Yes No (If yes, specify) Considerations if the student is blind or visually impaired: Considerations if the student is deaf or hard of hearing: If the student is an English Learner, complete the following section: Does the student need primary language support? Yes No If yes, how will it be provided? Where will ELD services be provided to the student? General Education Special Education The student will participate in the following type of program: Structured English Immersion Alternative Language Program (type or description) Comments: Does student's behavior impede learning of self or others? Yes No (describe)
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If the student is an English Learner, complete the following section: Does the student need primary language support? Yes No If yes, how will it be provided? Where will ELD services be provided to the student? General Education Special Education The student will participate in the following type of program: Structured English Immersion Alternative Language Program (type or description) Comments: Ooes student's behavior impede learning of self or others? Yes No (describe)	h Learner, complete the following section: y language support? Yes No If yes, how will it be provided? rovided to the student? General Education Special Education the following type of program:	If the student is an English Learner, complete the following section: Does the student need primary language support? \[\] Yes \[\] No \[\] Yes, how will it be provided? Where will ELD services be provided to the student? \[\] General Education \[\] Special Education The student will participate in the following type of program: \[\] Structured English Immersion \[\] Alternative Language Program \(\text{type or description} \) Comments: Does student's behavior impede learning of self or others? \[\] Yes \[\] No \(\text{describe} \) If yes, specify positive behavior interventions, strategies, and supports:
Does the student need primary language support? Yes No Fyes, how will it be provided? Where will ELD services be provided to the student? General Education Special Education The student will participate in the following type of program: Structured English Immersion Alternative Language Program (type or description) Comments: Does student's behavior impede learning of self or others? No (describe)	y language support? Yes No if yes, how will it be provided? rovided to the student? General Education Special Education the following type of program:	Does the student need primary language support? Yes No If yes, how will it be provided? Where will ELD services be provided to the student? General Education Special Education The student will participate in the following type of program: Structured English Immersion Alternative Language Program (type or description) Comments: Does student's behavior impede learning of self or others? Yes No (describe) If yes, specify positive behavior interventions, strategies, and supports:
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The student will participate in the following type of program: Structured English Immersion Alternative Language Program (type or description) Comments: Does student's behavior impede learning of self or others? Yes No (describe)	the following type of program:	The student will participate in the following type of program: Structured English Immersion Alternative Language Program (type or description) Comments: Does student's behavior impede learning of self or others? Yes No (describe) If yes, specify positive behavior interventions, strategies, and supports:
Structured English Immersion Alternative Language Program (type or description) Comments: Coes student's behavior impede learning of self or others? Yes No (describe)		□ Structured English Immersion □ Alternative Language Program (type or description) Comments: Does student's behavior impede learning of self or others? □ Yes □ No (describe) If yes, specify positive behavior interventions, strategies, and supports:
Comments: Does student's behavior impede learning of self or others? Yes No (describe)	Alternative Language Program (type or description)	Comments: Does student's behavior impede learning of self or others? Yes No (describe) If yes, specify positive behavior interventions, strategies, and supports:
Coes student's behavior impede learning of self or others? Yes No (describe)		Does student's behavior impede learning of self or others? Yes No (describe) If yes, specify positive behavior interventions, strategies, and supports:
(describe)		(describe) If yes, specify positive behavior interventions, strategies, and supports:
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in yes, specify postave benavior men ventions, strategies, and supports.	or interventions, strategies, and supports:	Behavior Goal is part of this IEP Behavior Intervention Plan (BIP) Attached
Rehavior Goal is part of this IEP Rehavior Intervention Plan (RIP) Attached	EP Rehavior Intervention Plan (RIP) Attached	and a source point of the E. Estation and tension and less / minutes

4. Statewide **Assessments**

Indicate student's participation in the California Assessment of Student Performance and Progress (CAASPP) below:

English Language Arts (Grades 3-8, & 11)

Math (Grades 3-8, & 11)

Science (Grades 5, 8 & High School)

The pages labeled "Statewide Assessments" should indicate the tests your student will be taking in the upcoming year. These tests can provide valuable information on how well your student is accessing grade level curriculum. If you have any questions about what tests your student is scheduled to take, or why, ask the IEP team to provide an explanation..



MAITIX

4. Statewide Assessments

The list of potential statewide tests is extensive, and often covers several pages of the IEP.



If yes, areas of alternate assessment: Listening Speaking Reading Writing	
Name of alternate assessment(s)	
Person responsible to administer alternate assessment(s)	
☐ Standards based Tests in Spanish STS	
Math without Designated Supports or Accommodations	
Math with Designated Supports	
Math with Accommodations	
Reading, Language, Spelling without Designated Supports or Accommodations	
Reading, Language, Spelling with Designated Supports	
Reading, Language, Spelling with Accommodations	

IEP Goals

If this is not your student's first IEP, you should have two sets of goals.

Progress on goals from last year's IEP should be provided first.

If this is your student's first IEP, then only the goals for the coming year will be included.



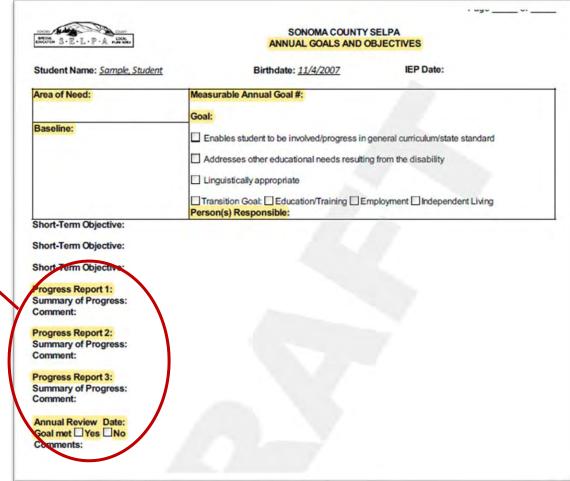


5. Annual Goals (previous year)

All Progress Reports should be filled in (and you should have gotten all but the last one previously), and the team should indicate whether the goal has been met.

If "no" is checked, and explanation of why not and how close it was to being met should be provided in the comments.

Progress Report 1: Summary of Progress: Comment: Progress Report 2: Summary of Progress: Comment: **Progress Report 3:** Summary of Progress: Comment: Annual Review Date: Goal met ☐ Yes ☐ No Comments:





5. Annual Goals (for coming year)

apply to the upcoming year

Area of need should be something like "math" "reading" or The Goal states what your student should be able to do "social skills". Check to make sure there is a goal for each one year from now, under what conditions, and how area of need listed on the Present Levels page progress will be measured. We have an entire training just on goals. You can also click on this short video on Area of Need: Measurable Annual Goal#: writing SMART goals. Goal: Baseline: Enables student to be involved/progress in general curriculum/state standard Baseline should be what Addresses other educational needs resulting from the disability your student can do now. It should track what the Linguistically appropriate Present Levels page said. Transition Goal: Education/Training Employment Independent Living Person(s) Responsible: Short-Term Objective: The purpose for This is a teacher or therapist, the goal should not the student or parent NOTE: None of the be checked progress reports will be filled in, since these goals

parent network
+ resource center
www.matrixparents.org

FAPE and LRE

Remember, FAPE means Free Appropriate Public Education

The next pages of the IEP spell out what the school district is offering to your student that they believe constitutes FAPE.

These pages spell out the accommodations, modifications, supports and services that are needed so your student can receive educational benefit and make progress on their goals.

Also spelled out is where these services will be provided—what kind of classroom or setting.

LRE stands for **Least Restrictive Environment**.

If your student is not being educated in the home school in the general education classroom, the IEP team needs to justify why a different setting is required.



6. Services – Offer of FAPE

The service options that were considered by the IEP team (List all):

In selecting LRE, describe the consideration given to any potential harmful effect on the child or on the quality of services that he or she needs:

At the top of this page there should be list **all of the supports and options that were considered**, and this should include the supports that would be required to keep the student in the general ed classroom, if alternate placements are being considered. Options considered should be listed, even if they were rejected.

ed program accommodations an	e not needed in general edt	ication classes of other edu	callor
ed the following program accomp	modations are needed in de	neral education classes or	other
od the fellowing program decem	nodations are nooded in go	noral oddoduon oldoood or	outoi
Start Date	End Date	Location	
	ed the following program accomm	ed the following program accommodations are needed in ge	ed program accommodations are not needed in general education classes or other educed the following program accommodations are needed in general education classes or other educed the following program accommodations are needed in general education classes or other education states are not needed in general education classes or other education

Accommodations are things like:

- Extra time to finish assignments
- Preferential seating
- Taking breaks
- Using a calculator

n selecting LRE, describe the cons hat he or she needs: SUPPLEMENTARY AIDS & SERV	ICES AND OTH		OR SCHOOL			
The EP team discussed and determed teach settings. The EP team discussed and determed teach settings.						
Program Accommodations		Start Date	End D	ate	Location	
elated settings. The IEP team discussed and determ discussed and determ discussed and determ discussed and determ discussed and determined a	Start Date	program modifica	Frequenc			es or other ocation
The EP team discussed and determine the EP team discussed and determine needed. Other Supports for School Personnel, or for Student, or on Behalf of Student.	To Support	other supports for Start Date	school person End Date	dent, or on beha nel, or for studer Frequency	of the student, or on behalf	nt are not neede f of the student Location
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6. Services – Offer of FAPE, continued

☐The IEP team discussed and delated settings.	determined program mo	odifications are not	needed in general e	education classes	or other education-
The IEP team discussed and o	determined the following	program modifica	tions are needed in	general education	classes or other
education-related settings.					
Program Modifications	Start Date	End Date	Frequency	Duration	Location

Modifications are changes to the curriculum and means the content of the curriculum is being changed to help your child access the material. In High School, modifications can effect whether the student gets full academic credit for a class.

The IEP team discussed and determate needed.					
Other Supports for School Personnel, or for Student, or on Behalf of Student	Start Date	End Date	Frequency	Duration	Location

Other supports for school Personnel, or for Student, or on behalf of student. This might include items like:

- specialized training for staff,
- consultation between behavior specialist and classroom teacher,
- transition services or
- providing information to help parents understand their student's disability



Program Modifications

SONOMA COUNTY SELPA Offer of FAPE - SERVICE

dent Name: Sample, Student	Birthdate: 11/4/2007	IEP

Start Date

The service options that were considered by the IEP team (List all):

In selecting LRE, describe the consideration given to any potential harmful effect on the child or on the quality of services

SUPPLEMENTARY AIDS & SERVICES AND OTHER SUPPORTS FOR SCHOOL PERSONNEL, OR FOR STUDENT, OR ON BEHALF OF THE STUDENT

The IEP team discussed and determined program accommodations are not needed in general education classes or other education
related settings.

The IEP team discussed and determined the following program accommodations are needed in general education classes or other

Program Accommodations	Start Date	End Date	Location
The ED team discussed and determine	od program modifications are no	t pooded in general educat	ion classes or other advecti

The IEP team discussed and determined the following program modifications are needed in general education classes or other education-related settings. **End Date**

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-1	The EP tear	n discussed and	determined othe	r supports for sch	ool personnel, or	r for student, o	r on behalf of th	e student ar	e not nee
					and the state of t			-	
-1	The IED tear	n dienueeed and	determined the	following other sup	norte for echool	nereannel or	for etudent or o	on hehalf of t	he chirlen

Ine EP team discussed and determ	lined the following	other supports for	school persor	nei, or for stude	nt, or on benai	of the studen
are needed.						
Other Supports for School Personnel,	To Support	Start Date	End Date	Frequency	Duration	Location

or for Student, or on Behalf of Student

SPECIAL EDUCATION and RELATED SERVICES End Date: Service: ☐Ind ☐Grp ☐Sec Transition Provider: Duration/Freq: min served Location: Comments: Service: Start Date: End Date: ☐Ind ☐Grp ☐Sec Transition Provider: Location: Duration/Freq: min served

Programs and services will be provided according to where student is in attendance and consistent with the district of service calendar and scheduled services, excluding holidays, vacations, and non-instructional days unless otherwise specified.

Special Education Transportation Yes No

EXTENDED SCHOOL YEAR (ESY) Yes No

Programs and services will be provided according to where student is in attendance and consistent with the district of service calendar and scheduled services, excluding holidays, vacations, and non-instructional days unless otherwise specified.

6. Services – Offer of FAPE, continued

SPECIAL EDUCATION and RELATED SERVICES

Programs and services will be provided according to where student is in attendance and consistent with the district of service calendar and scheduled services, excluding holidays, vacations, and non-instructional days unless otherwise specified.

Specialized instruction and each related service (such as OT, PT, Speech) should be specified. The following slide will examine this section in more detail. At the bottom of this section there is a check box for whether Special Education **Transportation** is to be provided (generally if the student is placed out of district, or if other special circumstances apply, such as wheel chair access) Transportation is a related service.

EXTENDED SCHOOL YEAR (ESY) ☐ Yes ☐ No

Finally, the Services page of the IEP must indicate whether **Extended School Year** is to be provided. ESY is not the same as "summer school" offer to nonspecial ed students. It is provided only for students who may lose skills if instruction stops over the summer, and not be able to easily re-gain these skills back at the start of a new school year.



Program Modifications

SONOMA COUNTY SELPA Offer of FAPE - SERVICE

Student Name: Sample, Student Birthdate: 11/4/2007

The service options that were considered by the IEP team (List all):

In selecting LRE, describe the consideration given to any potential harmful effect on the child or on the quality of services that he or she needs:

SUPPLEMENTARY AIDS & SERVICES AND OTHER SUPPORTS FOR SCHOOL PERSONNEL, OR FOR STUDENT, OR ON BEHALF OF THE STUDENT

The IEP team discussed and determined program accommodations are not needed in general education classes or other education related settings.

☐The IEP team discussed and determined the following program accommodations are needed in general education classes or other education-related settings.

Program Accommodations | Start Date | End Date | Location |

The EP team discussed and determined program modifications are not needed in general education classes or other education

related settings.

□The IEP team discussed and determined the following program modifications are needed in general education classes or other education-related settings.

	The IEP I	team disc	cussed an	d determined	other suppor	ts for school pe	rsonnel, or	for student,	or on behalf	of the s	student a	are n	not nee
	The IEP I	team disc	cussed an	d determined	the following	other supports	for school p	personnel, d	or for student,	oroni	behalf of	f the	stude
an	e needed.												

Other Supports for School Personnel, or for Student, or on Behalf of Student

SPECIAL	EDUCATION	and RELA	TED SERVICE	CES
SPECIAL	EDUCATION	dilu KELA	IED SEKVI	JEO

Service:	Start Date:	End Date:		
Provider:	☐ Ind ☐ Grp ☐ Sec Transition			
Duration/Freq: min served	Location:			
Comments:				
Service:	Start Date:	End Date:		
Provider:	☐Ind ☐Grp ☐Se	c Transition		
Duration/Freq: min served	Location:			

Programs and services will be provided according to where student is in attendance and consistent with the district of service calend, and scheduled services, excluding holidays, vacations, and non-instructional days unless otherwise specified.

Special Education Transportation Yes No

EXTENDED SCHOOL YEAR (ESY)

Rationale:

Programs and services will be provided according to where student is in attendance and consistent with the district of service calendar and scheduled services, excluding holidays, vacations, and non-instructional days unless otherwise specified.

6. Services – Offer of FAPE, continued

Service:	Start Date: End Date:
Provider:	☐ Ind ☐ Grp ☐ Sec Transition
Duration/Freq: min served	Location:
Comments:	
Service:	Start Date: End Date:
Provider:	□ Ind □ Grp □ Sec Transition
11777771	

The specific academic and related services offered should be itemized in detail. This should include:

- **Type** of service: i.e., Specialized Academic Instruction, Speech Therapy, Occupational Therapy, etc. The check boxes should indicate if it is **individual or group**.
- When the service starts and ends This will usually coincide with the year the IEP covers or the school year.
- **Provider:** provides the service and may be listed as District of Service, SELPA, Office of Education, etc.
- **How often**: such as daily, once a week, monthly, etc.
- How long the service will be provided. Usually in minutes per week or month or year.
- Where the service takes place: Is it in the regular classroom or at a separate classroom.
- Individual or Group: who will be involved when the service is provide.
- **Comments:** This should explain any other questions about how the service will be used. Examples could be which period it will happen or how the time will be divided between individual or group services.

7. Educational Setting – Offer of FAPE

Where the student will receive all of the accommodations and services listed on the previous page

District of Service:	School of Attendance:
All special education services provided at student's school of reside	ence? Yes No (rationale)

Check district and school for accuracy. Whether the student will be at the home school they would normally attend should be noted. If not, a reason must be given.



		OFFER OF FA	APE - EDUCATION	NAL SETTING
tudent Name: Sample,	Student	Birthdate: 11	/4/2007	IEP Date:
hysical Education:	General	☐ Specially Designed	Other	Alter Control
istrict of Service:			Sch	ool of Attendance;
Il special education se	rvices provide	d at student's school of res	idence? Yes	No (rationale)
	• • •	only, including those in TK and		Manda manda al
		ges 3-5 in Regular Early Chil		
he location where the		es the majority of their spec	ial education serv	rices:
			ten hours per we	ek or greater? Yes No
rogram Setting (Ages 6	and older within	duration of this IED):		
		hose that will be age 6 and of	der within the durat	ion of this IEP)
% of time stud	dent is outside	the regular class & extracu	rricular & non aca	demic activities
% of time stud	dent is in the re	gular class & extracumicula	ar & non academii	cactivities
udent will not participa	ate in the regul	ar class and/or extracurricu	lar and/or non ac	ademic activities: because
County Mental Health				
ther Agency Services County Mental Health California Children's Se	ervices(CCS)			
County Mental Health	ervices(CCS)			
County Mental Health California Children's Se Regional Center Probation Department of Rehabili	tation			
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County Mental Health California Children's Sel Regional Center Probation Department of Rehabili Department of Social S Other Comotion Criteria:	tation lervices (DSS)	□Progress on Goals □ Oth □Trimester □Semester □		
County Mental Health California Children's Sel Regional Center Probation Department of Rehabili Department of Social S Other Comotion Criteria: Promotion Criteria:	tation Services (DSS) District Quarterly			

7. Educational Setting – Offer of FAPE, cont'd

Program Setting (Ages 6 and older within duration of this IEP):

PROGRAM Setting refers to: Regular classroom/public day school, separate school, residential facility, home/hospital, correctional facility, placed by parents in private school. If any of these services are provided at a school other than the student's home school, a reason must be given.

% of time student is outside the regular class & extracurricular & non academic activities

% of time student is in the regular class & extracurricular & non academic activities

The **percentage of time** in a separate special education setting and the percentage of time in general education must be noted. Lunch, recess, and non-academic classes such as music or art are included in the total on which this calculation is based. The two percentages should add up to 100%.

****		SON	OMA COUNTY SE	LPA	
menter B. E. L. P. A. name			APE - EDUCATION		
Student Name: Sample	Student	Birthdate: 11	/4/2007	IEP Date:	
Physical Education:	General	Specially Designed	Other		
istrict of Service:			Scho	ool of Attendance:	
All special education s	ervices provided	d at student's school of resi	idence? Yes	No (rationale)	
		nly, including those in TK and ges 3-5 in Regular Early Child		Kindergarten)	b .
		s the majority of their spec	ial education serv	ices:	
Same as above Di		e m or Kindergarten Program	ten hours per we	ek or greater?	s □No
			ten nours per we	on or greater : [] les	
Program Setting (Ages		n duration of this IEP): nose mat will be age o and on	OHE WORLD TON CHINNE	on onnister)	
		the regular class & extracu			1
		tne regular class & extracul gular class & extracumicula			
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tudent will not particip	pate in the regula	ar class and/or extracurricu	lar and/or non aca	ademic activities: be	cause
California Children's S Regional Center Probation Department of Rehabi Other	ilitation				
1 Other	Песил				
	District L	Progress on Goals Oth	ner		
romotion Criteria:		_Progress on Goals			
Promotion Criteria: Parents will be informe of progress:	Quarterly				
Promotion Criteria: Parents will be informe of progress:	Quarterly	☐Trimester ☐Semester ☐	Other	on and/or NPS to gene	ral education
Promotion Criteria: Parents will be informe of progress: How?	Operation Operation Operation	☐Trimester ☐Semester ☐	Other	on and/or NPS to gene	ral education
Promotion Criteria: Parents will be informed f progress: How?	Operation Operation Operation	☐Trimester ☐Semester ☐	Other	on and/or NPS to gene	ral education
Promotion Criteria: Parents will be informe of progress: How?	Operation Operation Operation	☐Trimester ☐Semester ☐	Other	on and/or NPS to gene	ral education
Promotion Criteria: Parents will be informe of progress: How?	Operation Operation Operation	☐Trimester ☐Semester ☐	Other	on and/or NPS to gene	ral education
Promotion Criteria: Parents will be informe of progress: How?	Operation Operation Operation	☐Trimester ☐Semester ☐	Other	on and/or NPS to gene	ral education
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Promotion Criteria: Parents will be informe of progress: How?	Operation Operation Operation	☐Trimester ☐Semester ☐	Other	on and/or NPS to gene	ral education
Promotion Criteria: Parents will be informe of progress: How?	Operation Operation Operation	☐Trimester ☐Semester ☐	Other	on and/or NPS to gene	ral education

7. Educational Setting – Offer of FAPE, cont'd

Promotion Criteria: District Progress on Goals Other

Promotion criteria will be "District" if your student's curriculum is not modified. If the curriculum is highly modified, as noted on the previous page, "Progress on goals" or "other" will be checked

Parents will be informed of progress:

The IEP should note how and how frequently you will get **progress reports**. Usually the report will be based on the goals pages and will probably follow that format. Progress reports generally come out at the same time as report cards. But is not the report card!

	School of Attendance: ce? Yes No (rationale) ergarten): d Program or Kindergarten) ducation services: hours per week or greater? Yes No within the duration of this IEP) lar & non academic activities
udent Name: Sample, Student Inysical Education: General Specially Designed Strict of Service: I special education services provided at student's school of reside reschool Program Setting (Ages 3-5 only, including those in TK and Kin lote: Answer items below for students ages 3-5 in Regular Early Childho the location where the student receives the majority of their special Same as above Different from above the Regular Early Childhood Program or Kindergarten Program te ogram Setting (Ages 6 and older within duration of this IEP): ote: Percentage of time is required for those that will be age 6 and older % of time student is outside the regular class & extracurric % of time student is in the regular class & extracurricular ther Agency Services County Mental Health California Children's Services(CCS) Regional Center Probation Department of Rehabilitation Department of Rehabilitation Department of Social Services (DSS) Other Other Other Other Progress Summary Report Other CITYITIES TO SUPPORT TRANSITION (e.g. preschool to kindergarten,	OO7 IEP Date: Other School of Attendance: ce? Yes No (rationale) ergarten): od Program or Kindergarten) ducation services: hours per week or greater? Yes No within the duration of this IEP) lar & non academic activities
strict of Service: special education services provided at student's school of reside reschool Program Setting (Ages 3-5 only, including those in TK and Kir lote: Answer items below for students ages 3-5 in Regular Early Childho ne location where the student receives the majority of their special Same as above Different from above Same stating (Ages 6 and older within duration of this IEP): Oter Percentage of time is required for those that will be age 6 and older % of time student is outside the regular class & extracurricular for time student is in the regular class & extracurricular for time student is in the regular class and/or extracurricular for Agency Services County Mental Health California Children's Services(CCS) Regional Center Probation Department of Rehabilitation Department of Social Services (DSS) Other	□ Other School of Attendance: ce? □ Yes □ No (rationale) ergarten): of Program or Kindergarten) ducation services: thours per week or greater? □ Yes □ No within the duration of this IEP) lar & non academic activities
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8. Signature and **Parent Consent**

IEP Meeting Participants	
Parent/Guardian/Surrogate	Date
Student/Adult Student	Date

The top of the Signature page denotes attenand everyone at the meeting should sign.

	Additional Participant/Title	Date	Additional Participant/Title	Date
	Additional Participant/Title	Date	Additional Participant/Title	Date
	Additional Participant/Title	Date	Additional Participant/Title	Date
donas	CONSENT lagree to all parts of the IEP. lagree with the IEP, with the excep I decline the offer of initiation of spe I understand that my child is not elig I understand that my child is no long signature below is to authorize and signature Parent Guardian S	cial education services. jible for special education. <u>ser</u> eligible for special educati d approve the IEP.	on. Date	
lance,	PARENT INVOLVEMENT As a means of improving services and Yes \(\text{No} \) No \(\text{Response} \)		7	
		illing Medi-Cal/Medicaid and	authorize the LEA/district to release student to access Medi-Cal: health insurance benef	
parent network resource cent	☐ Parent/Adult Student has received benefits. ☐ Student enrolled in private school by	a copy of assessment report a copy of the Individualized E- written notification of protection	(if applicable). ducation Plan (IEP). ons available to parents when LEA requests	to access Medi-cal
+ resource cent www.matrixparen				32

Student Name: Sample, Student

LEA Representative/Admin.Designee

IEP Meeting Participants

Parent/Guardian/Surrogate

Additional Participant/Title

Student/Adult Student

SONOMA COUNTY SELPA SIGNATURE AND PARENT CONSENT

arent/Guardian

eneral Education Teacher

Special Education Specialist

Additional Participant/Title

IEP Date:

Date

Date

Date Date

Birthdate: 11/4/2007

Date

Date

Date

Date

8. Signature and Parent Consent

CONSENT ☐ Lagree to all parts of the IEP. ☐ Lagree with the IEP, with the exception of ☐ I decline the offer of initiation of special education services. ☐ Lunderstand that my child is not eligible for special education. ☐ Lunderstand that my child is no longer eligible for special education. ☐ Signature below is to authorize and approve the IEP.
SignatureParent □ Guardian □ Surrogate □ Adult Student

The **CONSENT** is required before any Special Education Services or supports are started or implemented. This section gives you options on whether you are agreeing with **ALL**, **PART or NONE** of the IEP.

You don't need to consent at the meeting, you can take it home and think about it before you sign.

BEST 3. E. L. P. A PAR SES	SIGN	SONOMA COUNTY S ATURE AND PAREN		
Student Name: Sample, Student	Birthdat	te: 11/4/2007	IEP Date:	
EP Meeting Participants			100	
Parent/Guardian/Surrogate	Date	Parent/Gua	rdian	Date
Student/Adult Student	Date	General Ed	lucation Teacher	Date
EA Representative/Admin.Designee	Date	Special Ed	ucation Specialist	Date
Additional Participant/Title	Date	Additional	Participant/Title	Date
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