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| **School District Name:** | plcDistrictName | |
| **School District Address:** | plcDistAddress | |
| **School District Contact Person/Phone #:** | | plcDistrictContact |

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| Individualized Education Program |

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| IEP Dates: from | | plcIEPDF | | to | | plcIEPDT | |
| Student Name: | plcStudentName | | DOB: | | plcDOB | | ID#: | | plcID | | Grade/Level: | plcGrade |

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| Parent and/or Student Concerns What concern(s) does the parent and/or student want to see addressed in this IEP to enhance the student's education? |
| PlcIEP1S1 |

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| **Student Strengths and Key Evaluation Results Summary**  What are the student’s educational strengths, interest areas, significant personal attributes and personal accomplishments?  What is the student’s type of disability (ies), general education performance  including MCAS/district test results, achievement towards goals and lack of expected progress, if any? |
| PlcIEP1S2 |

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| **Vision Statement:** What is the vision for this student?  Consider the next 1 to 5 year period when developing this statement. Beginning no later than age 14, the statement should be based on the student’s preferences and interest, and should include desired outcomes in adult living, post-secondary and working environments. |
| PlcIEP1S3 |