**INDIVIDUALIZED EDUCATION PROGRAM (IEP) School Age**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Individual’s Name: | | | | plcStudentName | | | | | | | | | |  | | | | | |
| IEP Team Meeting Date (mm/dd/yy): | | | | | | | | | | plcMeetingDT | | | |  | | | | | |
| IEP Implementation Date (Projected Date when Services and Programs Will Begin): | | | | | | | | | | | | | | | plcImpDate | | |  | |
| Anticipated Duration of Services and Programs: | | | | | | | | | | | | plcServiceAndPrograms | | | | | |  | |
| Date of Birth: | | | plcDOB | | | | | | | | |  | | | | | | | |
| Age: | plcAge | | | | |  | | | | | | | | | | | | | |
| Grade: | plcGrade | | | | | |  | | | | | | | | | | | | |
| Anticipated Year of Graduation: | | | | | | | | | plcGraduation | |  | | | | | | | | |
| Local Education Agency (LEA): | | | | | | | | | plcLEA | | | | | | | |  | | |
| County of Residence: | | | | | | | | plcCountryRes | | | | |  | | |  | | | |
| Name and Address of Parent/Guardian/Surrogate: | | | | | | | | | | | | | Phone (Home): | | | plcPhoneHome | | |
|  | | plcPAddress | | | | | | | | | | | Phone (Work): | | | plcPhoneWork | | |
|  | |  | | | | | | | | | | |  | | | | | | |
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|  | |  | | | | | | | | | | |  | | | | | | |
| Other Information: | | | | | (Individual Name) is entitled to school age services until **he/she** is 21 years of age. \* will age out of school age services in June of (fill in year).  In order to maintain a safe environment for Individual, his/her peers, and Melmark staff during crisis situations, the implementation of a restraint may be used in accordance with Melmark's policies, procedures, and/or his behavior support plan.  Due to Individual's diagnosis ***LIST IDD/Medical Condition HERE*** and the occurrence of severe, (List behaviors that necessitate restraint), physical restraints (and/or mechanical restraints), as prescribed by his/her physician, may be utilized in crisis situations to ensure Individual's safety and the safety of others. Restraint will be used in accordance with Melmark’s policies, procedures, and Individual's behavior support plan and will only be utilized when all other techniques listed in the behavior support plan are not successful in de-escalating his/her challenging behavior. Please refer to the attached behavior support plan for specific criteria on the use of restraints.  plcOtherInformation | | | | | | | | | | | | | |

The LEA and parent have agreed to make the following changes to the IEP without convening an IEP meeting, as documented by:

|  |
| --- |
| plcIEPDocumentedby |

|  |  |  |
| --- | --- | --- |
| **Date of Revision(s)** | **Participants/Roles** | **IEP Section(s) Amended** |
| plcDateRevision1 | plcRoles1 | plcIEPSession1 |
| plcDateRevision2 | plcRoles2 | plcIEPSession2 |
| plcDateRevision3 | plcRoles3 | plcIEPSession3 |
| plcDateRevision4 | plcRoles4 | plcIEPSession4 |
| plcDateRevision5 | plcRoles5 | plcIEPSession5 |

**IEP TEAM/SIGNATURES**

The Individualized Education Program team makes the decisions about the Individual’s program and placement. The Individual’s parent(s), the Individual’s special education teacher, and a representative from the Local Education Agency are required members of this team. Signature on this IEP documents attendance, not agreement.

|  |  |  |
| --- | --- | --- |
| **Role** | **Printed Name** | **Signature** |
| Parent/Guardian/Surrogate | plcParentPN |  |
| Individual\* | plcStudentPN |  |
| Regular Education Teacher\*\* | plcRETPN |  |
| Special Education Teacher | plcSETPN |  |
| Local Ed Agency Rep | Plc1LEAPN |  |
| Career/Tech Ed Rep\*\*\* | plcCareerPN |  |
| Community Agency Rep | plcCommunityAPN |  |
| Teacher of the Gifted\*\*\*\* | plcTGPN |  |
|  |  |  |

\* The IEP team must invite the Individual if transition services are being planned or if the parents choose to have the individual participate.

\*\* If the individual is, or may be, participating in the regular education environment

\*\*\* As determined by the LEA as needed for transition services and other community services

\*\*\*\* A teacher of the gifted is required when writing an *IEP* for an individual with a disability who also is gifted.

One individual listed above must be able to interpret the instructional implications of any evaluation results.

Written input received from the following members:

|  |
| --- |
| \*\*\*\* The IEP team is in agreement that Individual is unable to participate due to communication deficits as well as cognitive and behavioral challenges.  \*\*\*\* Melmark is an Approved Private School and Residential Facility providing services 365 days/year, 7 days/week, 24 hours/day.  This document serves as both an IEP and an ISP.  This signature sheet serves as the attendance/signature sheet for both IEP and ISP purposes.  plcWritenMembers |

**Transfer of Rights at Age of Majority**

For purposes of education, the age of majority is reached in Pennsylvania when the individual reaches 21 years of age. Likewise, for purposes of the Individuals with Disabilities Education Act, the age of majority is reached for individuals with disabilities when they reach 21 years of age.

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| **PROCEDURAL SAFEGUARDS NOTICE** |

I have received a copy of the *Procedural Safeguards Notice* during this school year. The *Procedural Safeguards Notice* provides information about my rights, including the process for disagreeing with the IEP. The school has informed me whom I may contact if I need more information.

|  |  |
| --- | --- |
| Signature of Parent/Guardian/Surrogate: |  |

**MEDICAL ASSISTANCE PROGRAM BILLING NOTICE**

**(Applicable only to parents who have consented to the release of billing information to Medical Assistance programs)**

I understand that the school may charge the School-Based Access Program (“SBAP”)—or any program that replaces or supplements the SBAP—the cost of certain special education and related services described in my child’s IEP.  To make these charges to the SBAP, the school will release to the administrator of that program the name, age, and address of my child, verification of Medicaid eligibility for my child, a copy of my child’s IEP, a description of the services provided and the times and dates during which such services were provided to my child, and the identity of the provider of such services.  *I understand that such information will not be disclosed, and such charges will not be made, unless I consent to the disclosure.* I acknowledge that I have provided written consent to disclose such information.

I understand that my consent is ongoing from year-to-year unless and until I withdraw it. I can withdraw my consent in writing, or orally if I am unable to write, at any time.  My refusal to consent or my withdrawal of consent will not relieve the school of the obligation to provide, at no cost to me or my family, any service or program to which my child is entitled under the Individuals with Disabilities Education Act (“IDEA”) or that is necessary to enable my child to receive a free appropriate public education as described in my child’s IEP.

I understand that the school cannot—

Require me or my family to sign up for or enroll in any public benefits or insurance program, such as Medicaid, as a condition of receiving a free appropriate public education for my child;

Require me or my family to incur any expense for the provision of a free appropriate public education to my child, including co-payments and deductibles, unless it agrees to pay such expenses on my or my family’s behalf;

Cause a decrease in available lifetime coverage or any other insured benefit;

Cause me or my family to pay for services that would otherwise be covered by a public benefits or insurance program and that are required for my child outside the time that he or she is in school;

Risk the loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.

**I. SPECIAL CONSIDERATIONS THE IEP TEAM MUST CONSIDER BEFORE DEVELOPING THE IEP. ANY FACTORS CHECKED AS “YES” MUST BE ADDRESSED IN THE IEP.**

**Is the individual blind or visually impaired?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | The IEP must include a description of the instruction in Braille and the use of Braille unless the IEP team determines, after an evaluation of the individual’s reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the individual’s future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is not appropriate for the individual. |
|  |
|  | No |  |  |

**Is the individual deaf or hard of hearing?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | The IEP must include a communication plan to address the following: language and communication needs; opportunities for direct communications with peers and professional personnel in the individual’s language and communication mode; academic level; full range of needs, including opportunities for direct instruction in the individual’s language and communication mode; and assistive technology devices and services. Indicate in which section of the IEP these considerations are addressed. The Communication Plan must be completed and is available at [www.pattan.net](http://www.pattan.net/) |
|  |
|  |  |  |  |
|  | No |  |  |

**Does the individual have communication needs?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | Individual needs must be addressed in the IEP (i.e., present levels, specially designed instruction (SDI), annual goals, etc.) |
|  |
|  | No |  |  |

**Does the individual need assistive technology devices and/or services?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | Individual needs must be addressed in the IEP (i.e., present levels, specially designed instruction, annual goals, etc.) |
|  |
|  | No |  |  |

**Does the individual have limited English proficiency?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | The IEP team must address the individual’s language needs and how those needs relate to the IEP. |
|  |
|  | No |  |  |

**Does the individual exhibit behaviors that impede his/her learning or that of others?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | The IEP team must develop a Positive Behavior Support Plan that is based on a functional assessment of behavior and that utilizes positive behavior techniques. Results of the functional assessment of behavior may be listed in the Present Levels section of the IEP with a clear measurable plan to address the behavior in the Goals and Specially Designed Instruction sections of the IEP or in the Positive Behavior Support Plan if this is a separate document that is attached to the IEP. A Positive Behavior Support Plan and a Functional Behavioral Assessment form are available at [www.pattan.net](http://www.pattan.net/) |
|  |
|  |  |  |  |
|  | No |  |  |

**Other** (specify):

|  |
| --- |
| In order to maintain a safe environment for Individual, his/her peers, and Melmark staff during crisis situations, the implementation of a restraint may be used in accordance with Melmark's policies, procedures, and/or his behavior support plan.  plcSConsiderOther |

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

**Include the following information related to the individual:**

* Present levels of academic achievement (e.g., most recent evaluation of the individual, results of formative assessments, curriculum-based assessments, transition assessments, progress toward current goals)
* Present levels of functional performance (e.g., results from a functional behavioral assessment, results of ecological assessments, progress toward current goals)
* Present levels related to current postsecondary transition goals if the individual’s age is 14 or younger if determined appropriate by the IEP team (e.g., results of formative assessments, curriculum-based assessments, progress toward current goals)
* Parental concerns for enhancing the education of the Individual
* How the individual’s disability affects involvement and progress in the general education curriculum
* Strengths
* Academic, developmental, and functional needs related to individual’s disability

|  |
| --- |
| plcStudentsDisablity |

**III. TRANSITION SERVICES – This is required for individuals age 14 or younger if determined appropriate by the IEP team.** If the individual does not attend the IEP meeting, the school must take other steps to ensure that the individual’s preferences and interests are considered. Transition services are a coordinated set of activities for an individual with a disability that is designed to be within a results oriented process, that is focused on improving the academic and functional achievement of the individual with a disability to facilitate the individual’s movement from school to post school activities, including postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation that is based on the individual’s needs taking into account the individual’s strengths, preferences, and interests.

**POST SCHOOL GOALS** – Based on age appropriate assessment, define and project the appropriate measurable postsecondary goals that address education and training, employment, and as needed, independent living. Under each area, list the services/activities and courses of study that support that goal. Include for each service/activity the location, frequency, projected beginning date, anticipated duration, and person/agency responsible.

**For individuals in Career and Technology Centers, CIP Code:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **plcTServiceCIP** | | | | |
|  | | | | |
| **Postsecondary Education and Training Goal:**  plcPostSecondryGoal | | | | | | | Measurable Annual Goal  Yes/No  (Document in Section V) | |
| Based on (situational assessments/ vocational assessments/ direct teacher observations, data and information) gathered by the IEP team (including Individual’s parents), Individual’s goals are for lifelong learning through adulthood in an appropriate adult placement for continued instruction in functional academics (List applicable goal) and language and communication (requesting). | | | | | | |
| Courses of Study:  plcTGCourse | | | | | | | | |
|  | | | | | | | | |
| Service/Activity | | Location | Frequency | Projected Beginning Date | Anticipated Duration | | | Person(s)/Agency Responsible |
| plcTGActivity1 | | plcTGLocation1 | plcTGFrequency1 | plcTGPBDT1 | plcTGAnticipDur1 | | | plcTGPARes1 |
| plcTGActivity2 | | plcTGLocation2 | plcTGFrequency2 | plcTGPBDT2 | plcTGAnticipDur2 | | | plcTGPARes2 |
| plcTGActivity3 | | plcTGLocation3 | plcTGFrequency3 | plcTGPBDT3 | plcTGAnticipDur3 | | | plcTGPARes3 |
| plcTGActivity4 | | plcTGLocation4 | plcTGFrequency4 | plcTGPBDT4 | plcTGAnticipDur4 | | | plcTGPARes4 |
| plcTGActivity5 | | plcTGLocation5 | plcTGFrequency5 | plcTGPBDT5 | plcTGAnticipDur5 | | | plcTGPARes5 |
| **Employment Goal:**  **plcEmploymentGoal** | | | | | | | Measurable Annual Goal  Yes/No  (Document in Section V) | |
| Based on (situational assessments/ vocational assessments/ direct teacher observations, data and information), the IEP team( including Individual’s parents) have determined a goal for Individual is to obtained supported employment in a (community setting/ vocational program/ workshop setting) while in secondary programming.  Or  At this time the IEP team (including Individual's parents) based on documentation in the functional performance section has concluded that given his/her current level of challenging behaviors and social awareness, a goal and related service activities for employment are not appropriate for Individual at this time. | | | | | | |
| Courses of Study:  plcEGCourse | | | | | | | | |
|  | | | | | | | | |
| Service/Activity | | Location | Frequency | Projected Beginning Date | Anticipated Duration | | | Person(s)/Agency Responsible |
| plcEGActivity1 | | plcEGLocation1 | plcEGFrequency1 | plcEGPBDT1 | plcEGAnticipDur1 | | | plcEGPARes1 |
| plcEGActivity2 | | plcEGLocation2 | plcEGFrequency2 | plcEGPBDT2 | plcEGAnticipDur2 | | | plcEGPARes2 |
| plcEGActivity3 | | plcEGLocation3 | plcEGFrequency3 | plcEGPBDT3 | plcEGAnticipDur3 | | | plcEGPARes3 |
| plcEGActivity4 | | plcEGLocation4 | plcEGFrequency4 | plcEGPBDT4 | plcEGAnticipDur4 | | | plcEGPARes4 |
| plcEGActivity5 | | plcEGLocation5 | plcEGFrequency5 | plcEGPBDT5 | plcEGAnticipDur5 | | | plcEGPARes5 |
| **Independent Living Goal, if appropriate:**  **plsIndependentLivingGoal** | | | | | | | Measurable Annual Goal  Yes/No  (Document in Section V) | |
| The IEP team is in agreement that the goal is for Individual to live in a community based setting post -21. Individual will need access to community resources and programs with family and agency supports. | | | | | | |
| Courses of Study:  plcLGCourse | | | | | | | | |
|  | | | | | | | | |
| Service/Activity | | Location | Frequency | Projected Beginning Date | Anticipated Duration | | | Person(s)/Agency Responsible |
| plcLGActivity1 | | plcLGLocation1 | plcLGFrequency1 | plcLGPBDT1 | plcLGAnticipDur1 | | | plcLGPARes1 |
| plcLGActivity2 | | plcLGLocation2 | plcLGFrequency2 | plcLGPBDT2 | plcLGAnticipDur2 | | | plcLGPARes2 |
| plcLGActivity3 | | plcLGLocation3 | plcLGFrequency3 | plcLGPBDT3 | plcLGAnticipDur3 | | | plcLGPARes3 |
| plcLGActivity4 | | plcLGLocation4 | plcLGFrequency4 | plcLGPBDT4 | plcLGAnticipDur4 | | | plcLGPARes4 |
| plcLGActivity5 | | plcLGLocation5 | plcLGFrequency5 | plcLGPBDT5 | plcLGAnticipDur5 | | | plcLGPARes5 |

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| **IV. PARTICIPATION IN STATE AND LOCAL ASSESSMENTS**  **Instructions for IEP Teams:**  Please check the appropriate assessments. If the individual will be assessed using the PSSA or the PSSA-Modified, the IEP Team must choose which assessment will be administered for each content area (Reading, Mathematics, and Science). For example, an individual may take the PSSA-Modified for Reading and the PSSA for Mathematics and Science. If the individual will be assessed using the PASA, the IEP Team need not select content areas because ALL content areas will be assessed using the PASA.   * **PSSA** (Please choose the appropriate option and content areas for the individual. An individual may be eligible to be assessed using the PSSA-Modified assessment for one or more content areas and be assessed using the PSSA for other content areas.) * **PSSA-Modified** (Please choose the appropriate option and content areas for the individual. An individual may be eligible to be assessed using the PSSA-Modified assessment for one or more content areas and be assessed using the PSSA for other content areas.)   Allowable accommodations may be found in the PSSA Accommodations Guidelines at: [www.portal.state.pa.us/portal/server.pt/community/testing\_accommodations\_\_security/7448](http://www.portal.state.pa.us/portal/server.pt/community/testing_accommodations__security/7448)  Criteria regarding PSSA-Modified eligibility may be found in Guidelines for IEP Teams: Assigning Individuals with IEPs to State Tests (ASIST) at: [www.education.state.pa.us/portal/server.pt/community/special\_education/7465/assessment/607491](http://www.education.state.pa.us/portal/server.pt/community/special_education/7465/assessment/607491)  Criteria regarding PASA eligibility may be found in Guidelines for IEP Teams: Assigning Individuals with IEPs to State Tests (ASIST) at: [www.education.state.pa.us/portal/server.pt/community/special\_education/7465/assessment/607491](http://www.education.state.pa.us/portal/server.pt/community/special_education/7465/assessment/607491)  **Not Assessed** (Please select if individual is not being assessed by a state assessment this year)   |  |  | | --- | --- | |  | Assessment is not administered at this individual’s grade level |   **Reading** (PSSA grades 3-8, 11; PSSA-M grades 4-8, 11)   |  |  | | --- | --- | |  | Individual will participate in the PSSA without accommodations | |  | Individual will participate in the PSSA with the following appropriate accommodations: | |  | Individual will participate in the PSSA-Modified without accommodations | |  | Individual will participate in the PSSA-Modified with the following appropriate accommodations: |   **Math** (PSSA grades 3-8, 11; PSSA-M grades 4-8, 11)   |  |  | | --- | --- | |  | Individual will participate in the PSSA without accommodations | |  | Individual will participate in the PSSA with the following appropriate accommodations: | |  | Individual will participate in the PSSA-Modified without accommodations | |  | Individual will participate in the PSSA-Modified with the following appropriate accommodations: |   **Science** (PSSA grades 4, 8, 11; PSSA-M grades 8, 11)   |  |  | | --- | --- | |  | Individual will participate in the PSSA without accommodations | |  | Individual will participate in the PSSA with the following appropriate accommodations: | |  | Individual will participate in the PSSA-Modified without accommodations | |  | Individual will participate in the PSSA-Modified with the following appropriate accommodations: |   **Writing** (PSSA grades 5, 8, 11)   |  |  | | --- | --- | |  | Individual will participate in the PSSA without accommodations | |  | Individual will participate in the PSSA with the following appropriate accommodations: |     **PASA** (Available in grades 3-8, 11 for Reading and Math; Grades 4, 8, 11 for Science)   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Individual will participate in the PASA. | | | | | | | |  | | |  | |  |  | | | Explain why the individual cannot participate in the PSSA or the Keystone Exam for Reading/Literature, Math/Algebra 1, Science/Biology, and Composition: | | | |  | |  | |  |  | | | plcPASAReading | | | |  | |  | |  |  | | |  | | | |  | |  | |  |  | | | Explain why the PASA is appropriate: | | | |  | |  | |  |  | | | plcPASAAppropriate | | | |  | |  | |  |  | | |  | | | |  | |  | |  | Choose how the individual’s performance on the PASA will be documented. | | | | | | |  | |  | |  |  | |  | | Videotape (preferred method) |  | |  | |  | |  | |  | | | | | | | |  | |  |  | |  | | Written narrative notes (requires prior approval in accordance with PDE guidance) |  | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Local Assessments** | | | | | | |  |  |  | | | | |  |  | Local assessment is not administered at this individual’s grade level; OR | | | | |  |  |  | | | | |  |  | Individual will participate in local assessments without accommodations; OR | | | | |  |  |  | | | | |  |  | Individual will participate in local assessments with the following accommodations; OR | | | | |  |  |  | | plcLocalAccomadation | | |  |  |  |  | | | |  |  | The individual will take a local alternate assessment. | | | | |  |  |  | | |  | |  |  |  | | | Explain why the individual cannot participate in the local regular assessment: | |  |  |  | | | plcCntParRAss | |  |  |  | | |  | |  |  |  | | | Explain why the local alternate assessment is appropriate: | |  |  |  | | | plcLocalAlAss | |  |  |  | | |  | |

**V. GOALS AND OBJECTIVES** – Include, as appropriate, academic and functional goals. Use as many copies of this page as needed to plan appropriately. Specially designed instruction may be listed with each goal/objective or listed in Section VI.

Short term learning outcomes are required for individuals who are gifted. The short term learning outcomes related to the individual’s gifted program may be listed under Goals or Short Term Objectives.

|  |  |  |  |
| --- | --- | --- | --- |
| MEASURABLE ANNUAL GOAL  Include: Condition, Name, Behavior, and Criteria  (Refer to Annotated IEP for description of these components) | Describe HOW the individual’s progress toward meeting this goal will be measured | Describe WHEN periodic reports on progress will be provided to parents | Report of Progress |
| plcMAGoal1 | plcStPrgss1 | plcDescPerRep1 | plcRepPrgss1 |
| plcMAGoal2 | plcStPrgss2 | plcDescPerRep2 | plcRepPrgss2 |
| plcMAGoal3 | plcStPrgss3 | plcDescPerRep3 | plcRepPrgss3 |
| plcMAGoal4 | plcStPrgss4 | plcDescPerRep4 | plcRepPrgss4 |
| plcMAGoal5 | plcStPrgss5 | plcDescPerRep5 | plcRepPrgss5 |

**SHORT TERM OBJECTIVES –** Required for individuals with disabilities who take alternate assessments aligned to alternate achievement standards (PASA).

|  |
| --- |
| Short term objectives / Benchmarks |
| plcShortObj1 |
| plcShortObj2 |
| plcShortObj3 |
| plcShortObj4 |
| plcShortObj5 |

**VI. SPECIAL EDUCATION / RELATED SERVICES / SUPPLEMENTARY AIDS AND SERVICES / PROGRAM MODIFICATIONS –** Include, as appropriate, for nonacademic and extracurricular services and activities.

**A. PROGRAM MODIFICATIONS AND SPECIALLY DESIGNED INSTRUCTION (SDI)**

* + SDI may be listed with each goal or as part of the table below.
  + Include supplementary aids and services as appropriate.
  + For an individual who has a disability and is gifted, SDI also should include adaptations, accommodations, or modifications to the general education curriculum, as appropriate for an individual with a disability.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Modifications and SDI* | *Location* | *Frequency* | *Projected Beginning Date* | *Anticipated Duration* |
| plcaModificationSDI | plcaLocationSDI | plcaSDIFrequency | plcaSDIDate | plcaSDIDuration |
| plcbModificationSDI | plcbLocationSDI | plcbSDIFrequency | plcbSDIDate | plcbSDIDuration |
| plccModificationSDI | plccLocationSDI | plccSDIFrequency | plccSDIDate | plccSDIDuration |

**B. RELATED SERVICES –** List the services that the individual needs in order to benefit from his/her special education program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Service* | *Location* | *Frequency* | *Projected Beginning Date* | *Anticipated Duration* |
| plcRSService1 | plcRSLocation1 | plcRSFrequency1 | plcRSDate1 | plcRSDuration1 |
| plcRSService2 | plcRSLocation2 | plcRSFrequency2 | plcRSDate2 | plcRSDuration2 |
| plcRSService3 | plcRSLocation3 | plcRSFrequency3 | plcRSDate3 | plcRSDuration3 |
| plcRSService4 | plcRSLocation4 | plcRSFrequency4 | plcRSDate4 | plcRSDuration4 |
| plcRSService5 | plcRSLocation5 | plcRSFrequency5 | plcRSDate5 | plcRSDuration5 |

**C. SUPPORTS FOR SCHOOL PERSONNEL –** List the staff to receive the supports and the supports needed to implement the individual’s IEP.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *School Personnel to Receive Support* | *Support* | *Location* | *Frequency* | *Projected Beginning Date* | *Anticipated Duration* |
| plcaPersonal | plcaSupportSchool | plcaLocationSchool | plcaFrequencySchool | plcaSSPDate | plcaSSPDuration |
| plcbPersonal | plcbSupportSchool | plcbLocationSchool | plcbFrequencySchool | plcbSSPDate | plcbSSPDuration |
|  |  |  |  |  |  |

**D. GIFTED SUPPORT SERVICES FOR AN INDIVIDUAL IDENTIFIED AS GIFTED WHO ALSO IS IDENTIFIED AS AN INDIVIDUAL WITH A DISABILITY –** Support services are required to assist a gifted individual to benefit from gifted education (e.g., psychological services, parent counseling and education, counseling services, transportation to and from gifted programs to classrooms in buildings operated by the school district).

|  |  |
| --- | --- |
| *Support Service* | plcaGSSService1 |
| *Support Service* | plcbGSSService2 |
| *Support Service* | plccGSSService3 |

**E. EXTENDED SCHOOL YEAR (ESY) – The IEP team has considered and discussed ESY services, and determined that:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
|  |  |  | | | |
|  |  | Individual is eligible for ESY based on the following information or data reviewed by the IEP team: | | | |
|  |  |  | | 3800/DAY: ESY services are necessary in order for Individual to maintain the skills learned and to avoid any regression. The nature of his disability requires constant and consistent programming in order to acquire, generalize, and maintain new and learned skills and decrease and maintain low levels of challenging behaviors. He would otherwise experience a significant regression in skills if educational programming were interrupted. The IEP team recommends that Individual participate in the same program he participates in at Melmark during the regular school year during the ESY program from DATES  or  6400: ESY services are necessary in order for Individual to maintain the skills learned and to avoid any regression. The nature of his disability requires constant and consistent programming in order to acquire, generalize, and maintain new and learned skills and decrease and maintain low levels of challenging behaviors. Individual would otherwise experience significant regression in skills if educational programming were interrupted. ESY services should mirror his regular school year 24 hour residential program, 7 days per week, 24 hours per day from DATE  Note: During the periods DATE and DATE, the two week break prior to and the two weeks after the Pennsylvania Department of Education Extended School Year, Melmark may suspend ancillary therapies so Individuals can participate in enriched recreational activities. All goals, related services, specially designed instruction, and program modification will mirror Individual's 24 hour residential program he/ she receives during the regular education school year.  \*\*All goals, objectives, related services, and specially designed instructions will remain the same as Individual school year program during the extended school year period to prevent regression of skills.  Recoupment data will be provided to the district by February 28, 2013 in order to provide rationale for recommended Extended School Year services.  plcIsEligebleInfo | |
|  |  |  |  | | |
|  |  | OR | | | |
|  |  |  | | | |
|  |  | As of the date of this IEP, individual is NOT eligible for ESY based on the following information or data reviewed by the IEP team: | | | | |
|  |  |  | | |  |
|  |  |  | | | plcESYNOT |
|  |  |  | | |  |

The Annual Goals and, when appropriate, Short Term Objectives from this IEP that are to be addressed in the individual's ESY Program are:

|  |
| --- |
| plcESYShrtTrmObj |

If the IEP team has determined ESY is appropriate, complete the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *ESY Service to be Provided* | *Location* | *Frequency* | *Projected Beginning Date* | *Anticipated Duration* |
| plcESYService1 | plcESYLocation1 | plcESYFrequency1 | plcESYDate1 | plcESYDuration1 |
| plcESYService2 | plcESYLocation2 | plcESYFrequency2 | plcESYDate2 | plcESYDuration2 |
| plcESYService3 | plcESYLocation3 | plcESYFrequency3 | plcESYDate3 | plcESYDuration3 |
| plcESYService4 | plcESYLocation4 | plcESYFrequency4 | plcESYDate4 | plcESYDuration4 |
| plcESYService5 | plcESYLocation5 | plcESYFrequency5 | plcESYDate5 | plcESYDuration5 |

**VII. EDUCATIONAL PLACEMENT**

**A. QUESTIONS FOR IEP TEAM –** The following questions must be reviewed and discussed by the IEP team prior to providing the explanations regarding participation with individuals without disabilities.

|  |
| --- |
| It is the responsibility of each public agency to ensure that, to the maximum extent appropriate, individuals with disabilities, including those in public or private institutions or other care facilities, are educated with individuals who are not disabled. Special classes, separate schooling or other removal of individuals with disabilities from the general educational environment occurs only when the nature or severity of the disability is such that education in general education classes, EVEN WITH the use of supplementary aids and services, cannot be achieved satisfactorily.   * What supplementary aids and services were considered? What supplementary aids and services were rejected? Explain why the supplementary aids and services will or will not enable the individual to make progress on the goals and objectives (if applicable) in this IEP in the general education class. * What benefits are provided in the general education class with supplementary aids and services versus the benefits provided in the special education class? * What potentially beneficial effects and/or harmful effects might be expected on the individual with disabilities or the other individuals in the class, even with supplementary aids and services? * To what extent, if any, will the individual participate with nondisabled peers in extracurricular activities or other nonacademic activities? |

Explanation of the extent, if any, to which the individual will not participate with individuals without disabilities in the regular education class:

|  |
| --- |
| Individual currently has deficits in several skill areas that are essential for participating with non-disabled children in a regular education setting. These specific deficits include: communication skills, self-care skills, and basic learning skills (*list skills deficits specific to individual).* Individual also engages in challenging behaviors (*list specific challenging behaviors to individual)* which interfere with learning and skill acquisition. Individual requires a learning model with (*intensive/non-intensive*) staffing in order to maintain his/her safety and the safety of others through the implementation his/her behavior support plan to decrease challenging behaviors.  plcRegularEducation |

Explanation of the extent, if any, to which the individual will not participate with individuals without disabilities in the general education curriculum:

|  |
| --- |
| Individuals currently has deficits in several skill areas that are essential for participating with non-disabled children in a general education curriculum. These specific deficits include communication skills, self-care skills, and basic learning skills. Individual requires intensive staffing in order to acquire, generalize, and maintain new and learned skills. Individual is significantly behind in grade level in academic skill areas, and the general education environment would not support his learning, social, emotional, and behavioral needs.  Individual will be exposed to general education curricula with modifications as appropriate.  PlcGeneralEducation |

**B. Type of Support**

1. **Amount of special education supports**

|  |  |
| --- | --- |
|  | Itinerant: Special education supports and services provided by special education personnel for 20% or less of the school day |
|  |
|  | Supplemental: Special education supports and services provided by special education personnel for more than 20% of the day but less than 80% of the school day |
|  |
|  | Full-Time: Special education supports and services provided by special education personnel for 80% or more of the school day |
|  |

1. **Type of special education supports**

|  |  |
| --- | --- |
|  | Autistic Support |
|  |
|  | Blind-Visually Impaired Support |
|  |
|  | Deaf and Hard of Hearing Support |
|  |
|  | Emotional Support |
|  |
|  | Learning Support |
|  |
|  | Life Skills Support |
|  |
|  | Multiple Disabilities Support |
|  |
|  | Physical Support |
|  |
|  | Speech and Language Support |

**C. Location of individual’s program**

|  |  |
| --- | --- |
|  |  |
| Name of School District where the IEP will be implemented: | plcLocNameDistrict |
|  |  |
| Name of School Building where the IEP will be implemented: | plcBuildingName |

Is this school the individual’s neighborhood school (i.e., the school the individual would attend if he/she did not have an IEP)?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | |  |
|  | No. If the answer is “no,” select the reason why not. | |  |
|  | | Special education supports and services required in the individual’s IEP cannot be provided in the neighborhood school | | |
|  | | Other. Please explain: | | |
|  | | plcLocPgmOther | | |

**VIII. PENNDATA REPORTING: Educational Environment** **(Complete either Section A or B; Select only one Educational Environment)**

To calculate the percentage of time inside the regular classroom, divide the number of hours the individual spends inside the regular classroom by the total number of hours in the school day (including lunch, recess, study periods). The result is then multiplied by 100.

|  |
| --- |
| **SECTION A: For Individuals Educated in Regular School Buildings with Nondisabled Peers – Indicate the percentage of time INSIDE the regular classroom for this individual:** |

Time spent outside the regular classroom receiving services unrelated to the individual’s disability (e.g., time receiving ESL services) should be considered time inside the regular classroom. Educational time spent in age-appropriate community-based settings that include individuals with and without disabilities, such as college campuses or vocational sites, should be counted as time spent inside the regular classroom.

**Calculation for this Individual:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Column 1 | Column 2 | Calculation | Indicate Percentage | Percentage Category | | |
| Total hours the individual spends in the regular classroom per day | Total hours in a typical school day  (including lunch, recess & study periods) | (Hours inside regular classroom ÷ hours in school day) x 100 = %  (Column 1 ÷ Column 2) x 100 = % | Section A: The percentage of time individual spends inside the regular classroom: | Using the calculation result – select the appropriate percentage category | | |
|  |  |  | % of the Day |  | | |
|  |  | **INSIDE the Regular Classroom 80% or More of the Day** |
|  | | |
|  |  | **INSIDE the Regular Classroom 79-40% of the Day** |
|  | | |
|  |  | **INSIDE the Regular Classroom Less Than 40% of the Day** |
|  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION B: This section required only for individual's** **Educated OUTSIDE Regular School Buildings for more than 50% of the day – select and indicate the Name of School or Facility on the line corresponding with the appropriate selection:** (If an individual spends less than 50% of the day in one of these locations, the IEP team must do the calculation in Section A) | | | | | | | |
|  |  |  | |  |  |  |
|  |  |  |  |  |  |  |
|  | Approved Private School (Non Residential) | plcOUTSchoolNon |  |  | Other Public Facility (Non Residential) | plcOUTPubFacilityNon |
|  |  |  |  |  |  |  |
|  | Approved Private School (Residential) | plcOUTSchoolRes |  |  | Hospital/Homebound | plcOUTHme |
|  |  |  |  |  |  | 1 |
|  | Other Private Facility (Non Residential) | plcOUTPvtFacilityNon |  |  | Correctional Facility | plcOUTCrrFacility |
|  |  |  |  |  |  |  |
|  | Other Private Facility (Residential) | plcOUTPvtFacilityRes |  |  | Out of State Facility | plcOUTStateFacility |
|  |  |  |  |  |  |  |
|  | Other Public Facility (Residential) | plcOUTPubFacilityRes |  |  | Instruction Conducted in the Home | plcOUTInstrnHme |
|  |  |  |  |  |  |  |
|  |  |  | |  |  |  |

|  |
| --- |
| **EXAMPLES for Section A:** How to Calculate PennData – Educational Environment Percentages |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Column 1 | Column 2 | Calculation | Indicate Percentage |
|  | Total hours the individual spends in the regular classroom – per day | Total hours in a typical school day (including lunch, recess & study periods) | (Hours inside regular classroom ÷ hours in school day) x 100 = %  (Column 1 ÷ Column 2) x 100 = % | Section A: The percentage of time individual spends inside the regular classroom: |
| Example 1 | 5.5 | 6.5 | (5.5 ÷ 6.5) x 100 = 85% | 85% of the day (Inside 80% or More of Day) |
| Example 2 | 3 | 5 | (3 ÷ 5) x 100 = 60% | 60% of the day (Inside 79-40% of Day) |
| Example 3 | 1 | 5 | (1 ÷ 5) x 100 = 20% | 20% of the day (Inside less than 40% of Day) |

For help in understanding this form, an annotated *IEP* is available on the PaTTAN website at [www.pattan.net](http://www.pattan.net/) Type “Annotated Forms” in the Search feature on the website. If you do not have access to the Internet, you can request the annotated form by calling PaTTAN at 800-441-3215.