

INDIVIDUALIZED EDUCATION PROGRAM

Student: _____ STN: _____
DOB: _____ Age: _____ Grade: _____ Gender: _____

Effective IEP Dates: From: _____ To: _____ File Date: _____
CCC Meeting: Date: _____ Time: _____ Location: _____

Guardian Information:

Relationship to Student:	_____	Relationship to Student:	_____
Name:	_____	Name:	_____
Work Phone:	_____	Work Phone:	_____
Home Phone:	_____	Home Phone:	_____
Cell Phone:	_____	Cell Phone:	_____
Home Address:	<div style="border: 1px solid black; width: 280px; height: 50px;"></div>	Home Address:	<div style="border: 1px solid black; width: 280px; height: 50px;"></div>

Purpose of the Case Conference:

- Annual
 - Revise IEP
 - Revise IEP without a meeting
 - Initial Evaluation
 - Initial Expedited Evaluation
 - Initial following lack of response to interventions
 - Reevaluation Review
 - Post-Secondary Transition
 - Move-in
 - Manifestation Determination
 - Exit Secondary Education
 - Interim Alternative Education Setting
 - Out-of-School Placement – 60 Day Review
 - Consider Placement in an Alternative Program
 - Consider Placement at a State School
 - Consider Placement at a Private Facility
 - Consider Service Plan
 - Public Agency Placement with Different Public Agency of Service
- Enrollment Date: _____
Date for Review: _____

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Existing Data
Describe the Strengths of the Student:
Describe the concerns of the Parent for enhancing the Education of the Student:
Response to Instructional Strategies and Research-based Interventions <i>(Only required for an initial conference following lack of response to interventions.)</i>

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Progress Monitoring (Student Growth) Data:

Present Levels of Academic Achievement and Functional Performance:

*Based on evaluation data, provide a statement of the student's **present levels of academic achievement and functional performance**, including **how the student's disability/suspected disability affects the student's involvement and progress in the general education curriculum** or for children in early childhood, participation in appropriate activities*

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Eligibility Decision:	
	Yes – The Case Conference Committee has determined the student's disability adversely affects the student's educational performance.
	No - The Case Conference Committee has determined the student's disability does not adversely affect the student's educational performance.

<p>Describe the reasons for eligibility or ineligibility determination including all options considered and reasons these options were rejected.</p>

Indicate Primary Eligibility Area:	
<ul style="list-style-type: none"><input type="checkbox"/> Autism Spectrum Disorder<input type="checkbox"/> Language Impairment<input type="checkbox"/> Speech Impairment<input type="checkbox"/> Blind or Low Vision<input type="checkbox"/> Mild Cognitive Disability<input type="checkbox"/> Moderate Cognitive Disability<input type="checkbox"/> Severe or Profound Cognitive Disability<input type="checkbox"/> Multiple Disabilities	<ul style="list-style-type: none"><input type="checkbox"/> Deaf or Hard of Hearing<input type="checkbox"/> Other Health Impaired<input type="checkbox"/> Deaf-Blind<input type="checkbox"/> Orthopedic Impairment<input type="checkbox"/> Developmental Delay<input type="checkbox"/> Specific Learning Disability<input type="checkbox"/> Emotional Disability<input type="checkbox"/> Traumatic Brain Injury

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Indicate Secondary Eligibility Area(s): (if any)

- | | |
|--|---|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Deaf or Hard of Hearing |
| <input type="checkbox"/> Language Impairment | <input type="checkbox"/> Other Health Impaired |
| <input type="checkbox"/> Speech Impairment | <input type="checkbox"/> Deaf-Blind |
| <input type="checkbox"/> Blind or Low Vision | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Mild Cognitive Disability | <input type="checkbox"/> Developmental Delay |
| <input type="checkbox"/> Moderate Cognitive Disability | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Severe or Profound Cognitive Disability | <input type="checkbox"/> Emotional Disability |
| <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Traumatic Brain Injury |

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Special Considerations:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student have needs related to Limited English Proficiency?	
If yes, describe the student's needs:	

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are there considerations regarding the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode? (Only Students with Deaf or Hard of Hearing or Deaf-Blind eligibility areas require this response.)
If yes, describe the student's language and communication needs:		

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are there considerations regarding the instruction in Braille and the use of Braille? (Only Students with Blind/Low Vision or Deaf-Blind Eligibility Areas require this response.)
If yes, describe the considerations regarding Braille:		

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CCC Determination

A Functional Behavior Assessment is not recommended at this time. Supports will be implemented as indicated:

Select at least one support to be implemented:

Environmental Supports

Enter a description of added supports, changes to the student's environment, staff actions and responses to behavior, needed staff training, etc., required to meet the current needs of the student. Environment can include classrooms, hallways, cafeterias, play areas, bus, structured and less structured settings.

Accommodations

Enter a description of accommodations and/or behavioral supports to be provided and their purpose for this student.

Specially Designed Instruction

Selection of this option indicates the CCC's decision to include an annual goal to address this student's behavioral needs.

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<input type="checkbox"/>	A Functional Behavior Assessment is recommended.
Why did the CCC decide to complete an FBA? Provide the CCC's rationale for the decision to recommend a functional behavior assessment.	

Yes	No	Will the FBA Include New Data?
If yes, list or describe the new student data to be collected to reevaluate this student:		
	If no, the school and parent/guardian agree to reconvene the case conference following the completion of the FBA. When will the CCC reconvene to discuss the FBA findings?	
Date to Reconvene Conference to Discuss FBA findings:		

<input type="checkbox"/>	A new Functional Behavior Assessment (FBA) has been completed or existing FBA was reviewed.
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CCC Analysis of the Functional Behavior Assessment	
<p style="text-align: center;">Interfering Behavior(s):</p> <p>Considerations: What does the behavior look like? How often does it occur? How long does it last? In what ways does the behavior impede the student's learning or learning of others? (Define behavior; Address Frequency/Level of Intensity/Duration.</p>	
<p style="text-align: center;">Precipitating Factors:</p> <p>Considerations: Medical Concerns; Sensory Issues; Communication Needs; Recent Stressful Events</p>	
<p style="text-align: center;">Setting Events and Triggers:</p> <p>Considerations: What actions/events make that behavior likely to occur? (Presence or Absence of Specific People; Time of Day or Week, Structured vs. Unstructured Settings; Subject Area; Change in Routine.) Describe what happens right before the behavior occurs. What do staff, student, and peers do? Teacher direction, questions, or corrections; Peer Attention; Transitions to New Activity.</p>	
<p style="text-align: center;">Maintaining Consequences:</p> <p>Considerations: Why does the student continue to do the behavior? What is the payoff for the student? What changes in the environment after the behavior that makes the student likely to do it again? (Access to or Escape from Student or Teacher Attention; Access to or Escape from Tasks/Demands</p>	
<p style="text-align: center;">Related Deficits:</p> <p>Considerations: What skill(s) is the student missing or needing to practice that may contribute to the occurrence of the behavior? (Academic, Social, or Communication Deficits)</p>	

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Develop Behavior Intervention Plan	
Hypothesis of the Function of the Behavior	
<p>The Behavior Intervention Plan is based on the following hypotheses of the function of the behavior. If multiple hypotheses exist for the student's behavior, what behavior is considered a priority?</p> <p>Under what conditions does the behavior occur? What is the behavior we are most worried about? What is the student trying to communicate or accomplish through this behavior? (Under X conditions the student is likely to do Y for Z reasons.)</p>	
Proactive Strategies	
<p>How can the student get the same need met in a more appropriate manner? Identify skills to be taught by staff and learned by the student. What do other students do to meet the same needs? (Raise Hand, Ask Questions for Understanding, Use Conflict Resolution Strategies.)</p>	
Instructional Strategies	
<p>Is this a skill or performance deficit? How do we plan to teach this skill/behavior? How will we model the skill/behavior? How will we practice the skill/behavior? How will we engage the student?</p>	
Antecedent Strategies	
<p>What things can we do in the environment to support learning? What things in the environment would make it more likely for the positive/replacement behavior to occur?</p>	

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Maximizing Reinforcement of Replacement Behaviors	
How will staff reinforce the replacement skills being learned? When the student is using the newly learned skill how can we make sure he or she receives the desired function? (If the function is attention, make sure the student gets attention for appropriate behaviors.)	
Minimizing Reinforcement of Interfering Behaviors	
When the student is not using the newly learned skill, how can we make sure he or she does not receive the desired function? (If the function is attention, make sure the student does not get attention for inappropriate behaviors.)	
Behavioral Goals/Skills to be Taught and Learned	
Under what conditions will the replacement behavior occur? What replacement behavior is being taught? How frequently must we observe, collect, and review data to inform our decision? (Consider both legal as well as best practice timelines for data collection.) Goals should focus on identified Replacement Behaviors (Under X conditions the student will do Y at Z to this level of performance)	
Available Local and State Resources for Families	
Document any information on local and regional resources that families may unilaterally choose to pursue beyond the student's IEP/SP services.	

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Transition		
Transition Assessments and Summary		
Record the Assessments, Assessment Dates, and Discuss the findings of age-appropriate transition assessments that have been conducted, the indication of need for future transition assessments, and any curricular connections that support that development of transition skills. Summarize these discussion points.		
Post-Secondary Goals		
Regarding Education and Training after high school, I will...		
Regarding Employment after high school, I will...		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there evidence that this student has achieved sufficient skills for independent living?
If yes, cite evidence to support the decision that an Independent Living Skills goal is not applicable.		
If no, complete post-secondary Independent Living goal.		
Regarding Independent Living after high school, I will...		

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Transition Services			
Description	By Whom	To Support	Completion Date
Narrative:			
Description	By Whom	To Support	Completion Date
Narrative:			
Description	By Whom	To Support	Completion Date
Narrative:			
Description	By Whom	To Support	Completion Date
Narrative:			
Description	By Whom	To Support	Completion Date
Narrative:			

Document the written information presented to the parent and student regarding available adult services provided through state and local agencies and other organizations to facilitate student movement from the public agency to adult life:

- Course of Study**
- Certificate of Completion
 - General Diploma: General Designation
 - General Diploma: Core 40 Designation
 - General Diploma: Core 40 with Academic Honors Designation
 - General Diploma: Core 40 with Technical Honors Designation

Document the written information presented to the parent(s) and discussion regarding the selected diploma or certificate and requirements including courses required to achieve this in a timely manner:

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Accommodations	
Anticipated Date of Exit from High School or Extended Secondary Services:	
<p>Select accommodations based on the needs of the student established in the discussion of his or her present levels of academic achievement and functional performance. The selected accommodations should be available throughout the entire school day and are intended to increase the student's access to and progress in the general education curriculum. These accommodations constitute an integral part of this student's free appropriate public education.</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Student provided with additional breaks <input type="checkbox"/> Student provided a Braille test format: UEB and/or UEB with Nemeth Contracted, Standard for All Grades <input type="checkbox"/> Student works best in a small group <input type="checkbox"/> Student allowed use of special furniture or equipment for viewing classroom materials <input type="checkbox"/> Student provided access to sound amplification system <input type="checkbox"/> Student allowed to use assistive technology to magnify/enlarge <input type="checkbox"/> Student allowed to use acetate film for paper materials <input type="checkbox"/> Student is allowed to use headphones to block out distractions (no music, headphones are sound dampening only) <input type="checkbox"/> Student provided access to a scribe <input type="checkbox"/> Student is allowed to use alternative indication of response (e.g., circle, point to, state, or use assistive technology device to indicate answer choice) <input type="checkbox"/> Student is provided preferential seating <input type="checkbox"/> Student provided special lighting conditions <input type="checkbox"/> Student provided access to own resources (i.e., bold print protractor, real coins, bold/raised line graph paper, bold/raised line writing paper) <input type="checkbox"/> Student allowed to use lined paper turned sideways to help align math problems <input type="checkbox"/> Student is allowed to use low-tech assistive writing instrument <input type="checkbox"/> Student may use Scratch/blank paper (including lined or graph paper) <input type="checkbox"/> Student has use of an approved, bilingual word-to-word dictionary for classwork, homework, and assessments. <input type="checkbox"/> Student is tested individually <input type="checkbox"/> Student permitted to read aloud to self <input type="checkbox"/> Student has use of a calculator in classwork, homework, and assessments <input type="checkbox"/> Student is provided with extra time <input type="checkbox"/> Student provided access to assistive technology device(s) <input type="checkbox"/> Student provided a "Hundreds" Chart for mathematics classwork, homework, and assessment. <input type="checkbox"/> Student provided access to an interpreter for sign language <input type="checkbox"/> Color Contrast provided for visual accessibility. <input type="checkbox"/> Student provided access to large print paper version of the text <input type="checkbox"/> Student provided a paper format for electronic items <input type="checkbox"/> Directions and content read aloud to the student (text to speech) <input type="checkbox"/> Student provided a Multiplication Table mathematics classroom, homework, and assessment 	
<p>Describe additional accommodations and/or guidance, if appropriate. Specify how and when the accommodations are needed.</p>	

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State Testing
<i>Students enrolled in Cohort 2022 (entered 9th grade in the 2018-2019 school year or prior) will participate in the ISTEP+ Retest, ILEARN Biology, and/or U.S. Government End of Course Assessments (unless participating in Alternate Assessment).</i>
<i>Students enrolled in Cohort 2023 (entered 9th grade in the 2019-2020 school year) or later will participate in the College Entrance Examination for accountability, ILEARN Biology, and/or U.S. Government End of Course Assessments (unless participating in Alternate Assessment).</i>
Select State Testing Option
<input type="checkbox"/> Student is not yet in Grade 3. <input type="checkbox"/> Student will participate in ILEARN (Grades 3-8) <input type="checkbox"/> Student will participate in Alternate Assessment (Grade 3 and up) <input type="checkbox"/> Student will participate in ISTEP+ Retest, ILEARN Biology, and US Government End of Course Assessments (High School) <input type="checkbox"/> Student will participate in College Entrance Examination, ILEARN Biology, and US Government End of Course Assessments (High School)

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Alternate Assessment (Grade 3 and up)	
Alternate Assessment Criteria	
<input type="checkbox"/> Review of the student's record indicates a disability that significantly impacts intellectual functioning and adaptive behavior. Adaptive behavior is defined as essential for someone to live independently and function safely in daily life.	
<input type="checkbox"/> The student requires extensive, repeated individualized instruction and support that is not of a temporary nature	
<input type="checkbox"/> The student uses substantially adapted materials and individualized methods of accessing information in alternative ways to acquire, maintain, generalize, demonstrate, and transfer skills across multiple settings.	
<input type="checkbox"/> Goals listed in the Individual Education Plan (IEP) for this student are linked to the enrolled grade level Alternate Achievement Standards (Indiana Content Connectors).	
Grades 3-8	
Math:	<input type="checkbox"/> Meets criteria to participate in alternate assessment with accommodations. <input type="checkbox"/> Meets criteria to participate in alternate assessment without accommodations.
Language Arts:	<input type="checkbox"/> Meets criteria to participate in alternate assessment with accommodations. <input type="checkbox"/> Meets criteria to participate in alternate assessment without accommodations.
Science (if offered):	<input type="checkbox"/> Meets criteria to participate in alternate assessment with accommodations. <input type="checkbox"/> Meets criteria to participate in alternate assessment without accommodations.
Social Studies (if offered):	<input type="checkbox"/> Meets criteria to participate in alternate assessment with accommodations. <input type="checkbox"/> Meets criteria to participate in alternate assessment without accommodations.
High School	
Biology:	<input type="checkbox"/> Meets criteria to participate in alternate assessment with accommodations. <input type="checkbox"/> Meets criteria to participate in alternate assessment without accommodations. <input type="checkbox"/> Student has participated in this assessment
Mathematics:	<input type="checkbox"/> Meets criteria to participate in alternate assessment with accommodations. <input type="checkbox"/> Meets criteria to participate in alternate assessment without accommodations. <input type="checkbox"/> Student has participated in this assessment
English/Language Arts:	<input type="checkbox"/> Meets criteria to participate in alternate assessment with accommodations. <input type="checkbox"/> Meets criteria to participate in alternate assessment without accommodations. <input type="checkbox"/> Student has participated in this assessment

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Alternate Assessment Accommodations:

Allowable accommodations for the chosen state assessment are listed below. The accommodations listed below align to the accommodations selected for this student. Some may not match the accommodations exactly due to standardized assessment guidelines. In addition, the list of assessment accommodations may include items unique to the given assessment, such as specific test settings which are necessary for standardized assessment only.

- Student provided with additional breaks
- Student provided a Braille paper test format
- Student allowed use of special furniture or equipment for viewing test
- Student provided access to sound amplification system
- Student allowed to use assistive technology to magnify/enlarge
- Student allowed to use acetate film for paper assessments
- Student allowed to use headphones to block out distractions (headphones are sound dampening only)
- Student allowed to use alternative indication of response (i.e., circle, point to, state or use assistive technology device to indicate answer choice)
- Student provided preferential seating
- Student provided special lighting conditions
- Student is tested individually
- Adaptive/Handheld Calculator
- Permissive mode to access assistive technology device(s)
- Student provided access to an interpreter for sign language
- Color contrast
- Student provided access to large print paper version of the test
- Mouse Pointer (size and color)
- Student provided a paper test format
- Text is read aloud to the student by a human reader using a reader's script
- Text is read aloud to the student via the computer platform
- Student provided streamline format of the online test
- Time of day for testing altered (Student is tested during a specific time of day based on individual needs)
- Student provided access to own resources (i.e., bold print protractor, real coins, bold/raised line graph paper, bold/raised line writing paper)
- Text is read aloud to the student by a human reader using a reader's script for online format
- Student is permitted to read aloud to self
- Hundreds Chart
- Multiplication Table
- Student has the use of an approved, bilingual word-to-word dictionary

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ILEARN Grades 3-8, Biology (HS), and US Government (HS)	
ILEARN Grades 3-8	
Mathematics:	<input type="checkbox"/> State Assessment with Accommodations <input type="checkbox"/> State Assessment without Accommodations
English/Language Arts:	<input type="checkbox"/> State Assessment with Accommodations <input type="checkbox"/> State Assessment without Accommodations
Science (if offered):	<input type="checkbox"/> State Assessment with Accommodations <input type="checkbox"/> State Assessment without Accommodations
Social Studies (if offered):	<input type="checkbox"/> State Assessment with Accommodations <input type="checkbox"/> State Assessment without Accommodations
High School	
Biology:	<input type="checkbox"/> State Assessment with Accommodations <input type="checkbox"/> State Assessment without Accommodations <input type="checkbox"/> Student has participated in State Assessments
US Government:	<input type="checkbox"/> State Assessment with Accommodations <input type="checkbox"/> State Assessment without Accommodations <input type="checkbox"/> Student has participated in State Assessments <input type="checkbox"/> This assessment is not offered.

ILEARN Grades 3-8, Biology (HS), and US Government (HS) Assessment Accommodations:

Allowable accommodations for the chosen state assessment are listed here. The accommodations listed below align to the accommodations selected for this student. Some may not match the accommodations exactly due to standardized assessment guidelines. In addition, the list of assessment accommodations may include items unique to the given assessment, such as specific test settings which are necessary for standardized assessment only.

- Student provided with additional breaks
- Refreshable Braille and Embosser for online
- Student provided a Braille paper test format
- Student tested in small group
- Student allowed use of special furniture or equipment for viewing test
- Student provided access to sound amplification system
- Student allowed to use assistive technology to magnify/enlarge
- Student allowed to use acetate film for paper assessments
- Student is allowed to use headphones to block out distractions (no music, headphones are sound dampening only)
- Student provided access to a scribe
- Student is allowed to use alternative indication of response (i.e., circle, point to, state, or use assistive technology device to indicate answer choice)
- Student is provided preferential seating
- Student provided special lighting conditions
- Student allowed to use lined paper turned sideways to help align math problems
- Student is allowed to use low-tech assistive writing instrument
- Scratch/blank paper (including lined or graph paper)
- Student has use of an approved, bilingual word-to-word dictionary
- Student is tested individually
- Student permitted to read aloud to self
- Adaptive/Handheld Calculator
- Student is provided with extended testing time for test sessions. If more than an additional 50% is needed, the exact amount of time must be formally documented in the student's education record.
- Permissive mode to access assistive technology device(s)
- Student provided access to an interpreter for sign language

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- Color Contrast
- Student provided access to large print paper version of the test
- Mouse Pointer (size and color)
- Student provided a paper test format
- Stacked Spanish online test
- Stacked Spanish paper test
- Text is read aloud to the student (except items testing reading comprehension) by a human reader using a reader's script
- Text is read aloud to the student (except items testing reading comprehension) via the computer platform
- Multiplication Table
- Student is provided print on demand for online testing
- Student provided streamline format of the online test
- Time of day for testing altered (Student is tested during a specific time of day based on individual needs)
- Student is provided an accommodated fixed form
- Hundreds Chart
- Text is read aloud to the student via the online platform for all items including reading comprehension
- Text is read aloud to the student by a human reader using a reader's script for all items including items testing reading comprehension
- Student provided word prediction via a non-embedded software program

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ISTEP + Retest (HS Only)	
Mathematics:	<input type="checkbox"/> State Assessment with Accommodations <input type="checkbox"/> State Assessment without Accommodations <input type="checkbox"/> Student has participated in State Assessment. <input type="checkbox"/> Student has passed this Assessment.
English/Language Arts:	<input type="checkbox"/> State Assessment with Accommodations <input type="checkbox"/> State Assessment without Accommodations <input type="checkbox"/> Student has participated in State Assessment. <input type="checkbox"/> Student has passed this Assessment.
ISTEP+ Retest Assessment Accommodations	
<p>Allowable accommodations for the chosen state assessment are listed here. The accommodations listed below align to the accommodations selected for this student. Some may not match the accommodations exactly due to standardized assessment guidelines. In addition, the list of assessment accommodations may include items unique to the given assessment, such as specific test settings which are necessary for standardized assessment only.</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Student provided with additional breaks <input type="checkbox"/> Student provided a Braille paper test format <input type="checkbox"/> Student tested in small group <input type="checkbox"/> Student allowed use of special furniture or equipment for viewing test <input type="checkbox"/> Student provided access to sound amplification system <input type="checkbox"/> Student allowed to use assistive technology to magnify/enlarge <input type="checkbox"/> Student allowed to use acetate film for paper assessments <input type="checkbox"/> Student is allowed to use headphones to block out distractions (no music, headphones are sound dampening only) <input type="checkbox"/> Student provided access to a scribe <input type="checkbox"/> Student is allowed to use alternative indication of response (i.e., circle, point to, state, or use assistive technology device to indicate answer choice) <input type="checkbox"/> Student is provided preferential seating <input type="checkbox"/> Student provided special lighting conditions <input type="checkbox"/> Student allowed to use lined paper turned sideways to help align math problems <input type="checkbox"/> Student is allowed to use low-tech assistive writing instrument <input type="checkbox"/> Scratch/blank paper (including lined or graph paper) <input type="checkbox"/> Student has use of an approved, bilingual word-to-word dictionary <input type="checkbox"/> Student is tested individually <input type="checkbox"/> Student is tested individually and permitted to read aloud to him or herself. <input type="checkbox"/> Student has the use of an adaptive/handheld calculator during sessions identified as non-calculator sessions <input type="checkbox"/> Student is provided with extended testing time for test sessions. If more than an additional 50% is needed, the exact amount of time must be formally documented in the student's education record. <input type="checkbox"/> Student provided access to an interpreter for sign language <input type="checkbox"/> Student provided access to large print paper version of the test <input type="checkbox"/> Student provided a paper test format <input type="checkbox"/> Text is read aloud to the student (except items testing reading comprehension) by a human reader using a reader's script <input type="checkbox"/> Text is read aloud to the student (except items testing reading comprehension) via the computer platform <input type="checkbox"/> Time of day for testing altered (Student is tested during a specific time of day based on individual needs) <input type="checkbox"/> Student provided access to own resources (i.e., bold print protractor, real coins, bold/raised line graph paper, bold/raised line writing paper) <input type="checkbox"/> Text is read aloud to the student by a human reader using a reader's script for all items including items testing reading comprehension <input type="checkbox"/> Text is read aloud to the student via the online platform for all items including reading comprehension <input type="checkbox"/> Online calculator for ALL Mathematics items <input type="checkbox"/> Adaptive and/or Handheld Calculator for ALL Mathematics items 	

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College Entrance Exam (HS Only)	
SAT	<input type="checkbox"/> SAT with Accommodations <input type="checkbox"/> SAT without Accommodations <input type="checkbox"/> Student has participated in SAT.
SAT/College Board Assessment Accommodations	
<p>The accommodations selected must be based on those accommodations used throughout the student's education program.</p> <p>With consent of the parent/guardian of the student, or with consent of the student of legal age, the school will communicate the following College Board Accommodations and State Allowed Accommodations to College Board for the SAT. If an accommodation is selected that begins with "State Allowed Accommodation" on the SAT, the student's score will not be reportable for college entrance or scholarship purposes, but the student's score will be reportable for state accountability purposes.</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> One-to-one testing (1:1) <input type="checkbox"/> Braille <input type="checkbox"/> Braille graphs and figures <input type="checkbox"/> Braille Writer <input type="checkbox"/> Time and one-half (+50%) <input type="checkbox"/> Double time (+100%) <input type="checkbox"/> More than double time (>100%) <input type="checkbox"/> Large-print test booklet <input type="checkbox"/> Paper assessment <input type="checkbox"/> 4-function calculator <input type="checkbox"/> Pre-recorded audio (MP3 via streaming) <input type="checkbox"/> Text-to-speech <input type="checkbox"/> Human reader (paper assessment) <input type="checkbox"/> Sign language interpreter for oral instructions only <input type="checkbox"/> Assistive technology compatible (ATC) test format <input type="checkbox"/> Extended breaks <input type="checkbox"/> Extra breaks <input type="checkbox"/> Breaks as needed <input type="checkbox"/> Small group testing <input type="checkbox"/> Auditory amplification/FM system <input type="checkbox"/> Magnification device (non-electronic) <input type="checkbox"/> Magnification device (electronic) <input type="checkbox"/> Colored overlay (paper assessment) <input type="checkbox"/> Color contrast <input type="checkbox"/> Writer/scribe to record responses <input type="checkbox"/> Record answers in test book <input type="checkbox"/> Preferential seating <input type="checkbox"/> Computer (word process ONLY for essays) <input type="checkbox"/> Large-print (large-block) answer sheet (no bubbles) Paper assessment <input type="checkbox"/> Wheelchair accessibility <input type="checkbox"/> Food/drink/medication <input type="checkbox"/> Permission to test blood sugar <input type="checkbox"/> Printed copy of verbal instructions <input type="checkbox"/> State Allowed Accommodations to sign the Reading and Writing test content using American Sign Language (ASL) or Pidgin Signed English (PSE) <input type="checkbox"/> State Allowed Accommodations to sign the mathematics test content using American Sign Language (ASL) or Pidgin Signed English (PSE) 	

INDIVIDUALIZED EDUCATION PROGRAM

Student: _____ **STN:** _____
DOB: _____ **Age:** _____ **Grade:** _____ **Gender:** _____

IREAD-3	
Has the student participated in the IREAD-3 assessment?	<input type="checkbox"/> Student has NOT taken the IREAD-3 Assessment. <input type="checkbox"/> Student has taken the IREAD-3 Assessment.
If the student has taken the IREAD-3 Assessment, did the student pass IREAD-3?	<input type="checkbox"/> Student has taken the IREAD-3 assessment and scores are not yet reported. <input type="checkbox"/> Student has passed the IREAD-3 assessment. <input type="checkbox"/> Student has NOT passed the IREAD-3 assessment.
If the student has NOT passed the IREAD-3 assessment, was the student granted a good cause exemption?	<input type="checkbox"/> Student will follow state and school policy regarding retention, remediation, and future retakes of the IREAD-3 assessment. <input type="checkbox"/> Student is granted a good cause exemption.
If the student is granted a good cause exemption, on which date was it granted?	

INDIVIDUALIZED EDUCATION PROGRAM

Student: _____ **STN:** _____
DOB: _____ **Age:** _____ **Grade:** _____ **Gender:** _____

Annual Goals

Title: _____

Present Levels for this Goal:

Standards aligned to this Annual Goal:

Specially Designed Instruction:

Annual Goal Statement:

If this student is of transition age, which post-secondary goal does this annual goal support?

Employment Education and Training Independent Living

INDIVIDUALIZED EDUCATION PROGRAM

Student: _____ **STN:** _____
DOB: _____ **Age:** _____ **Grade:** _____ **Gender:** _____

What methods and instruments will be used to monitor progress?

Articulate the plan to monitor and report progress on this goal:

INDIVIDUALIZED EDUCATION PROGRAM

Student: _____ **STN:** _____
DOB: _____ **Age:** _____ **Grade:** _____ **Gender:** _____

Provisions						
Special Education Services						
Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Post Secondary goal:
Narrative:						
Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Post Secondary goal:
Narrative:						
Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Post Secondary goal:
Narrative:						
Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Post Secondary goal:
Narrative:						
Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Post Secondary goal:
Narrative:						
Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Post Secondary goal:
Narrative:						
Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Post Secondary goal:
Narrative:						
Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Post Secondary goal:
Narrative:						
Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Post Secondary goal:
Narrative:						

INDIVIDUALIZED EDUCATION PROGRAM

Student: _____ **STN:** _____
DOB: _____ **Age:** _____ **Grade:** _____ **Gender:** _____

Related Services						
Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Post Secondary goal:
Narrative:						
Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Post Secondary goal:
Narrative:						
Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Post Secondary goal:
Narrative:						
Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Post Secondary goal:
Narrative:						
Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Post Secondary goal:
Narrative:						
Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Post Secondary goal:
Narrative:						
Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Post Secondary goal:
Narrative:						
Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Post Secondary goal:
Narrative:						
Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Post Secondary goal:
Narrative:						
Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Post Secondary goal:
Narrative:						

INDIVIDUALIZED EDUCATION PROGRAM

Student: _____ STN: _____
DOB: _____ Age: _____ Grade: _____ Gender: _____

Transportation:

If the student's transit time or needs are different from that of non-disabled peers, describe and justify these needs. Record as a related service if additional provisions are necessary.

If Transportation is indicated as a related service, list and describe any criteria needed to determine health-related need for special education transportation:

Accessible Materials

If this student requires any instructional materials provided in an accessible format, describe the environments, tasks, tools, and services related to their provision:

Assistive Technology

Describe this assistive technology required if any:

Extended School Year

Record extended school year services required to provide a free and appropriate education for this student: ***(Record ESY services under special education and related services if needed.)***

Aids/Supports

Document the types and general intent of supports necessary to provide public agency personnel with the knowledge and skills necessary to implement the student's individualized education program:

INDIVIDUALIZED EDUCATION PROGRAM

Student: _____ STN: _____
DOB: _____ Age: _____ Grade: _____ Gender: _____

Program Modifications:

Describe any program modifications needed to enable the student to advance appropriately toward attaining the annual goals, to be involved in and make progress in the general education curriculum, to participate in extracurricular and other nonacademic activities or to be educated or participate with other students with disabilities and non-disabled students.

Progress Reporting

Describe when periodic reports on the progress the student is making toward meeting the annual goals will be provided:

Rationale

Describe the rationale for providing these services and supports as well as describing reasons for rejecting other options:

INDIVIDUALIZED EDUCATION PROGRAM

Student: _____ STN: _____
DOB: _____ Age: _____ Grade: _____ Gender: _____

Least Restrictive Environment and Placement

LRE Placement Category based Federal Program Types:

School Age (6-21)

- 50-Regular class 80% or more (In a regular classroom for 80% or more of the day)
- 51-Resource Room (In a regular class for 40% to 79% of the day)
- 52-Separate Class (In a regular class for less than 40% of the day)
- 53-Separate day school facility
- 54-Residential Facility
- 55-Correctional Facility
- 56-Parentally placed in private school
- 57-Homebound/hospital

Early Childhood (3-5)

- 26-In a regular early childhood program at least 10 hours per week and receiving the majority of services there.
- 27-In a regular early childhood program at least 10 hours per week and receiving the majority of services in some other location.
- 28-In a regular early childhood program less than 10 hours per week and receiving the majority of services there.
- 29-In a regular early childhood program less than 10 hours per week and receiving the majority of services in some other location.
- 33-Separate Class
- 34-Separate School
- 35-Residential Facility
- 36-Service Provider Location
- 37-Home

Additional Descriptors of Least Restrictive Environment (if any):

Summarize the discussion and consideration of any potentially harmful effects of the suggested services on the student or on the quality of services needed:

INDIVIDUALIZED EDUCATION PROGRAM

Student: _____ **STN:** _____
DOB: _____ **Age:** _____ **Grade:** _____ **Gender:** _____

Describe the reasons for placement determination including the other options considered and the reasons these options were rejected:

If you have indicated this student meets the eligibility criteria for Emotional Disability, select the best descriptor of this student's level of services:

- FULL TIME (receives special education support or services 50% or more of the school day)
- OTHER (receives special education support or services less than 50% of the school day.)

INDIVIDUALIZED EDUCATION PROGRAM

Student: _____ STN: _____
DOB: _____ Age: _____ Grade: _____ Gender: _____

General Considerations

Consider the student's participation in general education and record any supplementary aids and services that are determined by the case conference committee to be appropriate and necessary to afford the student equal opportunity for participation with non-disabled students.

- Yes, **Student will be able to participate in all educational programs and activities available to non-disabled students.**
- No, state the exceptions and describe the reasoning for these exceptions:

- Yes, **Student will be able to participate in all non-educational and extracurricular activities available to non-disabled students.**
- No, state the exceptions and describe the reasoning for these exceptions:

- Yes, **Student will participate in the general physical education program available to non-disabled students.**
- No, state the exceptions and describe the reasoning for these exceptions:

INDIVIDUALIZED EDUCATION PROGRAM

Student: _____ **STN:** _____
DOB: _____ **Age:** _____ **Grade:** _____ **Gender:** _____

<input type="checkbox"/> Yes, Student will be educated in the school he or she would attend if not disabled.
<input type="checkbox"/> No, state the exceptions and describe the reasoning for these exceptions:
<input type="checkbox"/> Yes, the length of the instructional day will be the same as the instructional day for non-disabled peers.
<input type="checkbox"/> No, state the exceptions and describe the reasoning for these exceptions:

Program Information	
Corporation of Legal Settlement and Code:	
School of Legal Settlement and Code:	
Educating District and Code:	
Educating School and Code:	
Select the Facility Type:	<input type="checkbox"/> 01: nonpublic school, not contracted for preschool (PK) students with disabilities <input type="checkbox"/> 02: Community based preschool or – Head Start <input type="checkbox"/> 03: Neglected or Delinquent Institutions <input type="checkbox"/> 04: Court ordered Facility <input type="checkbox"/> 05: Nonpublic school, not accredited <input type="checkbox"/> 06: Health Institution <input type="checkbox"/> 07: Nonpublic school contracted for preschool students with disabilities <input type="checkbox"/> 08: Out of State Facility <input type="checkbox"/> 99: Not applicable, state assigned school number provided
Next projected educating district or school:	

INDIVIDUALIZED EDUCATION PROGRAM

Student: _____ **STN:** _____
DOB: _____ **Age:** _____ **Grade:** _____ **Gender:** _____

Notice of Implementation

I have been presented with a copy of the Individualized Education Program (IEP) which contains:

- 1) A description of the action proposed by the school.
- 2) An explanation of why the school proposed to take the action.
- 3) A description of each evaluation, procedure, assessment, record, or report the school used as a basis for the proposed action.
- 4) A description of other options that the case conference committee considered and the reasons why those options were rejected; and
- 5) A description of other factors relevant to the school's proposal.

I understand that the school is not required to obtain a written parental consent and can implement this IEP unless I take one of the following actions within ten (10) school days of receiving this notice:

- Requesting and participating in a meeting with a school official who has the authority to resolve the disagreement I have with the school regarding this IEP.
- Initiating a mediation under 511 IAC 7-45-2.
- Requesting a due process hearing under 511 IAC 7-45-3.

I understand that if I challenge the proposed IEP prior to its implementation, the school must continue to implement the current IEP under 511 IAC 7-42-7 (b)(5).

I understand that if I challenge the implementation of the IEP by requesting a meeting or mediation, and that method does not resolve the issue to my satisfaction, the school may implement the IEP on the 11th instructional day after the meeting or mediation unless I request a due process hearing under 511 IAC 7-42-8(a)(3).

PROCEDURAL SAFEGUARDS

I understand that a parent of a student with a disability has protection under the procedural safeguards and that I can request a copy of the procedural safeguards at any time. The procedural safeguards document includes a list of resources to contact for assistance in understanding the provisions of Indiana special education rules.

Sign _____ Date _____

CONSENT TO IMPLEMENT IEP

I have been provided with the Notice of Implementation and a copy of the proposed IEP. I give my consent for the School to implement the IEP in accordance with the initiation date that is prior to the expiration of ten (10) instructional days from the date the Notice and proposed IEP were provided to me.

Sign _____ Date _____

INDIVIDUALIZED EDUCATION PROGRAM

Student: _____ STN: _____
DOB: _____ Age: _____ Grade: _____ Gender: _____

Notice of Initial Proposed IEP

I have been presented with a copy of the Individualized Education Program (IEP) which contains:

- 1) A description of the action proposed by the school.
- 2) An explanation of why the school proposed to take the action.
- 3) A description of each evaluation, procedure, assessment, record, or report the school used as a basis for the proposed action.
- 4) A description of other options that the case conference committee considered and the reasons why those options were rejected; and
- 5) A description of other factors relevant to the school's proposal.

I understand that as a parent of a student with a disability, I have protection under the procedural safeguards. I can request a copy of the procedural safeguards at any time. The procedural safeguards document includes a list of resources to contact for assistance in understanding the provisions of Indiana special education rules.

- I consent to the provision of special education services for my child. I understand that this (IEP) will be implemented no later than ten instructional days after my consent is received or by the initiation date stated on the IEP.
- I refuse to consent to the provision of special education services described in this written notice.

I understand that as the parent, I have the right to contest the school's decision and challenge the proposed action by:

- Requesting and participating in a meeting with a school official who has the authority to resolve the disagreement I have with the school regarding this IEP.
- Initiating a mediation under 511 IAC 7-45-2.
- Requesting a due process hearing under 511 IAC 7-45-3.

Sign _____ Date _____