

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student's Name: Student A. Test

IEP Team Meeting Date (mm/dd/yyyy): _____ IEP Implementation Date (Projected Date when Services and Programs Will Begin): 2/18/2009

Anticipated Duration of Services and Programs: _____

Date of Birth: 11/10/1993

Age: 15

Grade: 9th

Anticipated Year of Graduation: 2012

Local Education Agency (LEA): Chester County Intermediate Unit

County of Residence: Chester County

Name and Address of Parent/Guardian/Surrogate: _____ Phone (Home): 123-456-7890

Mr. Test Parent _____ Phone (Work): 123-456-7890

123 Somewhere Street _____

Over the Rainbow, PA 12345 _____

Other Information: _____
 For example: If a language other than English is spoken at home, it could be included here. If there is nothing to include in this space write Not Applicable or N/A.

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

3/19/2009		
n/a		

Date of Revision(s)	Participants/Roles	IEP Section(s) Amended
3/19/2009	n/a	sdi

IEP TEAM/SIGNATURES

The Individualized Education Program team makes the decisions about the student's program and placement. The student's parent(s), the student'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.

<i>Role</i>	<i>Printed Name</i>	<i>Signature</i>
Learning Support Teacher - Math	James Brunken	
CCIU	test account	
Teacher, Shop	Help Desk	
Father	Test Parent	
Student *	Student A. Test	

- * The IEP team must invite the student if transition services are being planned or if the parents choose to have the student participate.
 - ** If the student 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 a student 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:

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 students with disabilities when they reach 21 years of age.

IEP REVISION TEAM/SIGNATURES

<i>Role</i>	<i>Printed Name</i>	<i>Signature</i>

Written input received from the following members:

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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: _____

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 student 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 student's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the student'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 student.

No

Is the student 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 student's language and communication mode; academic level; full range of needs, including opportunities for direct instruction in the student'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

No

Does the student have communication needs?

- Yes
Student needs must be addressed in the IEP (i.e., present levels, specially designed instruction (SDI), annual goals, etc.)

No

Does the student need assistive technology devices and/or services?

- Yes
Student needs must be addressed in the IEP (i.e., present levels, specially designed instruction, annual goals, etc.)

No

Does the student have limited English proficiency?

- Yes
The IEP team must address the student's language needs and how those needs relate to the IEP.

No

Does the student 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

No

Other (specify):

II. PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Include the following information related to the student:

- Present levels of academic achievement (e.g., most recent evaluation of the student, results of formative assessments, curriculum-based assessments, transition assessments, progress toward current goals)
INFO IN THIS SECTION PROVIDES BASELINE DATA FOR DEVELOPING IEP GOALS. ALWAYS INCLUDE PROGRESS TOWARD CURRENT GOALS -- SHOULD BE REITERATION OF FINAL PROGRESS REPORTING ON EACH GOAL.
 - Refers to how child is performing within general curriculum, including reading, writing, and math.
 - Use clear, concrete terminology.
 - Relate to day-to-day instruction and include a description of child's performance in all relevant areas and subjects
 - Info about progress toward annual goals MUST be included.

9/10/08 Pretend this is a revision

- Present levels of functional performance (e.g., results from a functional behavioral assessment, results of ecological assessments, progress toward current goals)
INFO IN THIS SECTION PROVIDES BASELINE DATA FOR DEVELOPING IEP GOALS. ALWAYS INCLUDE PROGRESS TOWARD CURRENT GOALS -- SHOULD BE REITERATION OF FINAL PROGRESS REPORTING ON EACH GOAL.
 - Refers to performance related to activities of daily living, such as hygiene, dressing, basic consumer skills, community-based instruction.
 - Results of Functional Behavioral Assessment (FBA) must be included here if student exhibits behaviors that impede his/her learning or that of others
 - OT and PT baselines here
 - May also describe functional reading and math activities, ability to access public transportation, social skills, behavioral issues
 - Can have statement such as "_____'s functional performance in all areas is age appropriate."

INCLUDE PROGRESS ON SECONDARY TRANSITION PLAN AND NEEDS AS THEY RELATE TO FUNCTIONAL PERFORMANCE

- Present levels related to current postsecondary transition goals if the student'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)
 - REPORT PROGRESS TOWARD CURRENT GOALS RELATED TO TRANSITION IF THERE WAS A TRANSITION PLAN IN THE PREVIOUS IEP
 - summarize RESULTS/FINDINGS of any transition assessments or checklists completed in preparation for development of a transition plan
- Parental concerns for enhancing the education of the student
 - Must be addressed at meeting. Include a statement of parental concerns for enhancing or satisfaction with direction of student's education.
- How the student's disability affects involvement and progress in the general education curriculum
_____'s disability is such that involvement and progress in the general education curriculum is not possible due to his high need for unique and specially designed instruction throughout the school day. _____'s need for support and services to maintain his instructional levels exceeds the resources available in the general education curriculum.

- Strengths

Describe/List what the child does relatively well based on data and observation. Use only strengths that provide support for educational purposes.

- Academic, developmental, and functional needs related to student's disability
 - Address specific needs relative to the child's disability based on collected data
 - Any need listed here MUST be addressed in the body of the IEP either through goals, SDR, or related services

Include the following information related to the student:

- Present levels of academic achievement (e.g., most recent evaluation of the student, 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 student'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 student
- How the student's disability affects involvement and progress in the general education curriculum
- Strengths
- Academic, developmental, and functional needs related to student's disability

III. TRANSITION SERVICES - This is required for students age 14 or younger if determined appropriate by the IEP team.

If the student does not attend the IEP meeting, the school must take other steps to ensure that the student's preferences and interests are considered. Transition services are a coordinated set of activities for a student 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 student with a disability to facilitate the student'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 student's needs taking into account the student'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 students in Career and Technology Centers, CIP Code:

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Postsecondary Education and Training Goal: If "yes" was checked on the transition page, the info added to the "goal"/outcome on that page will show up here as a reminder that you must complete an IEP goal to go with that area of transition. The IEP goal(s) support the services/activities that are proposed, and do not measure the proposed transition outcome. **EDIT ONLY, DELETING THIS GOAL AREA WILL DELETE THE RELATED TRANSITION PLAN!**

Courses of Study: Must list all courses student is taking that support postsecondary education and training. Can list subjects by area, such as: English, math, reading, science, social studies

<i>Service/Activity</i>	<i>Location</i>	<i>Frequency</i>	<i>Projected Beginning Date</i>	<i>Anticipated Duration</i>	<i>Person(s)/Agency Responsible</i>

Employment Goal: TRANSITION GOAL COMES OVER AUTOMATICALLY AS REMINDER THAT "YES" WAS CHECKED TO CONSIDER A GOAL RELATED TO THE SERVICES/ACTIVITIES LISTED IN TRANSITION PLAN.

USE EDIT BUTTON ONLY. PRESSING DELETE WILL DELETE THE TRANSITION SECTION RELATED TO THIS GOAL AREA!

Courses of Study: Must list all courses student is taking that support the employment outcome/goal. Can list subjects by area, such as: English, math, reading, science, social studies, careers. If program is functional academics, please list each subject area with this designation.

<i>Service/Activity</i>	<i>Location</i>	<i>Frequency</i>	<i>Projected Beginning Date</i>	<i>Anticipated Duration</i>	<i>Person(s)/Agency Responsible</i>

Measurable Annual Goal
 Yes / No
 (Document in Section V)

Independent Living Goal, if appropriate: TRANSITION GOAL COMES OVER AUTOMATICALLY AS REMINDER THAT "YES" WAS CHECKED TO CONSIDER A GOAL RELATED TO THE SERVICES/ACTIVITIES LISTED IN TRANSITION PLAN. USE EDIT BUTTON ONLY. PRESSING DELETE WILL DELETE THE TRANSITION SECTION RELATED TO THIS GOAL AREA!

Measurable Annual Goal
 Yes / No
 (Document in Section V)

Courses of Study: Must list all courses student is taking that support independent living goal. Can list subjects by area, such as: English, math, reading, science, social studies, careers - include whether it is functional academics where appropriate.

<i>Service/Activity</i>	<i>Location</i>	<i>Frequency</i>	<i>Projected Beginning Date</i>	<i>Anticipated Duration</i>	<i>Person(s)/Agency Responsible</i>

IV. PARTICIPATION IN STATE AND LOCAL ASSESSMENTS
Pennsylvania System of School Assessment (PSSA) or Pennsylvania Alternate System of Assessment (PASA)

Students will be taking the PSSA or the PASA in the grade levels below.

- Reading (Grades 3-8, and 11)
- Math (Grades 3-8, and 11)
- Writing (Grades 5, 8, and 11)
- Science (Grades 4, 8, and 11)

Assessment is not administered at this student's grade level; OR

Student will participate in the PSSA without accommodations; OR

Student will participate in the PSSA with the following appropriate accommodations (allowable PSSA accommodations may be found in the PSSA Accommodations Guidelines at www.pde.state.pa.us under Pre K-12 and Assessment): OR

Refer to allowable accommodations.
Do NOT write "all allowable accommodations."
Accommodations should be similar to accommodations used in the classroom and/or during assessment.

Student will participate in the PASA (criteria regarding PASA eligibility may be found in the PSSA Accommodations Guidelines at www.pde.state.pa.us under Pre K-12 and Assessment).

Explain why the student cannot participate in the PSSA:
_____ 's cognitive and academic levels are significantly below the _____ grade level and _____ could not complete this test even with accommodations.

Explain why the PASA is appropriate:
The PASA is appropriate for _____ because the content of the PASA will allow _____ to demonstrate attainment of skills and knowledge in the alternate academic standards for reading, math, and science.

Choose how the student's performance on the PASA will be documented.

Videotape (will be kept confidential as all other school records)

Written narrative (will be kept confidential as all other school records)

Local Assessments

Local assessment is not administered at this student's grade level; OR

Student will participate in local assessments without accommodations; OR

Student will participate in local assessments with the following accommodations: OR

The student will take an alternate local assessment.

Explain why the student cannot participate in the regular assessment:
_____ is receiving instruction in a special education setting outside of his/her local school district.

Explain why the alternate assessment is appropriate:
will be assessed on the goals and objectives of his/her IEP using reading/math probes as described in the IEP.

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 students who are gifted. The short term learning outcomes related to the student's gifted program may be listed under Goals or Short Term Objectives.

MEASURABLE ANNUAL GOAL <i>Include: Condition, Name, Behavior, and Criteria (Refer to Annotated IEP for description of these components)</i>	Describe HOW the student's progress toward meeting this goal will be measured	Describe WHEN periodic reports on progress will be provided to parents	Report of Progress
Include: -Condition under which behavior is performed -Student's name -Clearly defined, observable behavior -Performance criteria - a)performance criterion, b)number of time behavior is performed at criterion level, c)frequency of assessment	EX: Rubrics, teacher-made tests, checklists, inventories, reading/math probes Do NOT use program names. Ex. Instead of Aimsweb, say "data collection on fluency probes"	Quarterly	

Goal Specific SDI

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SHORT TERM OBJECTIVES - Required for students with disabilities who take alternate assessments aligned to alternate achievement standards (PASA).

Short term objectives / Benchmarks	Level of Achievement	Method of Evaluation	Report of Progress
Objectives must support acquisition of goal. If it doesn't seem to be related to the goal, it probably isn't and shouldn't be included! -Condition under which behavior is performed (clear description of assessment material) -Student's name -Clearly defined, observable behavior -Performance criteria - a)performance criterion (functional performance level), b)number of times behavior is performed at criterion level, c)frequency of assessment	Repeat performance criteria here	MUST MATCH WHAT WAS USED IN THE GOAL Ex. rubrics, teacher-made tests, checklists, inventories, reading/math probes	

MEASURABLE ANNUAL GOAL <i>Include: Condition, Name, Behavior, and Criteria</i> <i>(Refer to Annotated IEP for description of these components)</i>	<i>Describe HOW the student's progress toward meeting this goal will be measured</i>	<i>Describe WHEN periodic reports on progress will be provided to parents</i>	<i>Report of Progress</i>
If "yes" was checked on the transition page, the info added to the "goal"/outcome on that page will show up here as a reminder that you must complete an IEP goal to go with that area of transition. The IEP goal(s) support the services/activities that are proposed, and do not measure the proposed transition outcome. EDIT ONLY, DELETING THIS GOAL AREA WILL DELETE THE RELATED TRANSITION PLAN!	EX: Rubrics, teacher-made tests, checklists, inventories, reading/math probes Do NOT use program names. Ex. Instead of AImswEB, say "data collection on fluency probes"	quarterly	

Goal Specific SDI

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SHORT TERM OBJECTIVES - Required for students with disabilities who take alternate assessments aligned to alternate achievement standards (PASA).

<i>Short term objectives / Benchmarks</i>	<i>Level of Achievement</i>	<i>Method of Evaluation</i>	<i>Report of Progress</i>

MEASURABLE ANNUAL GOAL <i>Include: Condition, Name, Behavior, and Criteria</i> <i>(Refer to Annotated IEP for description of these components)</i>	<i>Describe HOW the student's progress toward meeting this goal will be measured</i>	<i>Describe WHEN periodic reports on progress will be provided to parents</i>	<i>Report of Progress</i>
TRANSITION GOAL COMES OVER AUTOMATICALLY AS REMINDER THAT "YES" WAS CHECKED TO CONSIDER A GOAL RELATED TO THE SERVICES/ACTIVITIES LISTED IN TRANSITION PLAN. USE EDIT BUTTON ONLY. PRESSING DELETE WILL DELETE THE TRANSITION SECTION RELATED TO THIS GOAL AREA!	EX: Rubrics, teacher-made tests, checklists, inventories, reading/math probes Do NOT use program names. Ex. Instead of Aimsweb, say "data collection on fluency probes"	Quarterly	

Goal Specific SDI

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SHORT TERM OBJECTIVES - Required for students with disabilities who take alternate assessments aligned to alternate achievement standards (PASA).

<i>Short term objectives / Benchmarks</i>	<i>Level of Achievement</i>	<i>Method of Evaluation</i>	<i>Report of Progress</i>

MEASURABLE ANNUAL GOAL <i>Include: Condition, Name, Behavior, and Criteria</i> <i>(Refer to Annotated IEP for description of these components)</i>	<i>Describe HOW the student's progress toward meeting this goal will be measured</i>	<i>Describe WHEN periodic reports on progress will be provided to parents</i>	<i>Report of Progress</i>
TRANSITION GOAL COMES OVER AUTOMATICALLY AS REMINDER THAT "YES" WAS CHECKED TO CONSIDER A GOAL RELATED TO THE SERVICES/ACTIVITIES LISTED IN TRANSITION PLAN. USE EDIT BUTTON ONLY. PRESSING DELETE WILL DELETE THE TRANSITION SECTION RELATED TO THIS GOAL AREA!	EX: Rubrics, teacher-made tests, checklists, inventories, reading/math probes Do NOT use program names. Ex. Instead of Aimsweb, say "data collection on fluency probes"	quarterly	

Goal Specific SDI

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SHORT TERM OBJECTIVES - Required for students with disabilities who take alternate assessments aligned to alternate achievement standards (PASA).

<i>Short term objectives / Benchmarks</i>	<i>Level of Achievement</i>	<i>Method of Evaluation</i>	<i>Report of Progress</i>

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 a student who has a disability and is gifted, SDI also should include adaptations, accommodations, or modifications to the general education curriculum, as appropriate for a student with a disability.

<i>Modifications and SDI</i>	<i>Location</i>	<i>Frequency</i>	<i>Projected Beginning Date</i>	<i>Anticipated Duration</i>
Do NOT list specific programs. Ex. If a child needs Project Read, list "sequential multisensory approach to reading"			2/18/2009	
List what this student needs that differs from what students in a regular classroom setting would typically require. EX: adapted materials, multisensory instruction, assistive device ONE SDI PER ENTRY BECAUSE: 1) not all SDI require the same level of frequency or location 2) Items appearing as a paragraph are more difficult to read and follow	Across All Settings	EX: Entire school day, throughout the school day, all core classes, number of times per day or week	2/18/2009	

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

<i>Service</i>	<i>Location</i>	<i>Frequency</i>	<i>Projected Beginning Date</i>	<i>Anticipated Duration</i>
Occupational Therapy	Therapy Room	number of minutes per six day cycle; tell whether it is group or individual	2/18/2009	
transportation	Home to School	up to 120 minutes per day MUST LIST FOR EVERY STUDENT	2/18/2009	

C. SUPPORTS FOR SCHOOL PERSONNEL - List the staff to receive the supports and the supports needed to implement the student's IEP.

<i>School Personnel to Receive Support</i>	<i>Support</i>	<i>Location</i>	<i>Frequency</i>	<i>Projected Beginning Date</i>	<i>Anticipated Duration</i>
	<ul style="list-style-type: none"> - List any trainings teachers or support personnel may need to work effectively with this child and to implement this IEP - List any consultation between therapists (ours or outside agencies) and teachers - Good place to include time to consult with Behavior Specialist Consultants for students with PCAs 	Classroom	Tell when this will occur	2/18/2009	
			How often will this occur; for BSC only certain number of hours have been allotted so check what is available before entering	2/18/2009	

D. GIFTED SUPPORT SERVICES FOR A STUDENT IDENTIFIED AS GIFTED WHO ALSO IS IDENTIFIED AS A STUDENT WITH A DISABILITY - Support services are required to assist a gifted student 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).

<i>Support Service</i>	
<i>Support Service</i>	
<i>Support Service</i>	

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

Student IS eligible for ESY based on the following information or data reviewed by the IEP team:

OR

As of the date of this IEP, student is NOT eligible for ESY based on the following information or data reviewed by the IEP team:

The Annual Goals and, when appropriate, Short Term Objectives from this IEP that are to be addressed in the student's ESY Program are:
 LIST goals to be addressed based on regression/recoupment data or statement given above. Keep in mind that ESY is for maintenance of skills and that not every goal can be addressed during the ESY program period.

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

<i>ESY Service to be Provided</i>	<i>Location</i>	<i>Frequency</i>	<i>Projected Beginning Date</i>	<i>Anticipated Duration</i>
Summer program List all related services for which a goal has been entered	CDC/CCIU CDC/CCIU	5 hours per day Frequency of related services is based on need. Do not automatically cut all services in half.		

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 students without disabilities.

It is the responsibility of each public agency to ensure that, to the maximum extent appropriate, students with disabilities, including those in public or private institutions or other care facilities, are educated with students who are not disabled. Special classes, separate schooling or other removal of students 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 student 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 student with disabilities or the other students in the class, even with supplementary aids and services?
- To what extent, if any, will the student participate with nondisabled peers in extracurricular activities or other nonacademic activities?

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

I. Replacement Instruction.

A. In the school setting. Use the following language to explain why the teaching of academic or functional skills that is not within the scope of grade-level curriculum must occur in a special education setting.

[Name of child] requires replacement instruction to meet the outcomes identified in [his/her] measurable annual goal[s] in [LIST ALL AREAS COVERED BY GOALS]. This instruction will require direct, explicit teaching of skills that are not within the scope of grade level curriculum. The simultaneous delivery in the regular education classroom of unrelated parallel instruction, however, would be distracting and would deny [Name of child] any meaningful interaction with [his/her] peers. During such instruction, [Name of child] could not participate in the instruction or activities in which [his/her] nondisabled peers would be engaged. The required replacement instruction will therefore occur in a special education classroom, during which time [Name of child] will not be participating in regular classroom instruction and activities in all subject areas.

B. In the community and workplace settings. Use the following language when providing community-based instruction, job training, and similar life skills and transition-related activities. THIS WOULD BE IN ADDITION TO THE STATEMENT ABOVE.

[Name of child] requires replacement instruction in the community/workplace setting to meet the outcomes identified in [his/her] measurable annual goal[s] for [LIST ALL SKILLS ADDRESSED BY WORKING]. Such instruction is not provided to nondisabled peers as part of the general curriculum.

2. Distraction/Over Stimulation. Use the following language when the physical or social conditions in the regular classroom cannot be adapted or modified enough to enable meaningful progress in the general curriculum in that setting. USE WITH STUDENTS ON GRADE LEVEL WITH NO ACADEMIC GOALS.

Until (Name of child) acquires the self-regulatory and compensatory skills described in [his/her] measurable annual goals, the [LIST WHAT ACTIVITIES OF A REGULAR CLASSROOM ARE PROBLEMATIC, FOR EX. SENSORY STIMULI, SOCIAL STIMULI, EMOTIONAL STRESSORS] of the regular classroom during all instruction will prevent [him/her] from meaningful participation in instruction and activities with nondisabled peers, even with whole-class and child-specific adaptations to instruction, instructional grouping, behavior interventions, and the instructional environment, and even with curriculum modifications. The lower total student population and greater similarity of need among peers in the special education classroom will enable [Name of child] to make meaningful progress in the general curriculum that would not be possible, at this time, in the regular classroom.

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

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

2. Type of special education supports

- Autistic Support
- Blind or Visually Impaired Support
- Deaf or Hearing Impaired Support
- Emotional Support
- Gifted Support
- Learning Support
- Life Skills Support
- Multiple Disabilities Support
- Physical Support
- Speech and Language Support

C. Location of student's program

Name of School District where the IEP will be implemented: _____

Name of School Building where the IEP will be implemented: _____

Is this school the student's neighborhood school (i.e., the school the student 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 student's IEP cannot be provided in the neighborhood school
 - Other. Please explain: _____

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 student 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 Students Educated in Regular School Buildings with Nondisabled Peers - Indicate the percentage of time INSIDE the regular classroom for this student:

Time spent outside the regular classroom receiving services unrelated to the student'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 Student:

Column 1	Column 2	Calculation	Indicate Percentage	Percentage Category
Total hours the student 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 student spends inside the regular classroom: % of the day	Using the calculation result – select the appropriate percentage category <input type="checkbox"/> INSIDE the Regular Classroom 80% or More of the Day <input type="checkbox"/> INSIDE the Regular Classroom 79-40% of the Day <input type="checkbox"/> INSIDE the Regular Classroom Less Than 40% of the Day

SECTION B: This section required only for Students 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 a student 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) _____
- Approved Private School (Residential) _____
- Other Private Facility (Non Residential) _____
- Other Private Facility (Residential) _____
- Other Public Facility (Residential) _____
- Other Public Facility (Non Residential) _____
- Hospital/Homebound _____
- Correctional Facility _____
- Out of State Facility _____
- Instruction Conducted in the Home _____

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

Column 1	Column 2	Calculation	Indicate Percentage
Total hours the student 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 student 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 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.

COMMUNICATION PLAN FOR A CHILD WHO IS DEAF OR HARD OF HEARING

Student's Name: Student A. Test

COMMUNICATION PLAN FOR A CHILD WHO IS DEAF OR HARD OF HEARING School Age

Student's Name: Student A. Test

Date (mm/dd/yy):

Name and Address of Parent/Guardian/Surrogate:

Parent, Test

123 Somewhere Street

Over the Rainbow, PA 12345

I. Language and communication needs

1. The student's current primary **LANGUAGE** is one or more of the following (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Spoken language other than English |
| <input type="checkbox"/> Signed language other than ASL | <input type="checkbox"/> Spoken English |
| <input type="checkbox"/> Other: | |

2. The student's current primary **COMMUNICATION MODE** is one or more of the following (check all that apply):

Receptive:

- American Sign Language
- Auditory/Oral
- Cued Language
- Finger spelling
- Gestures
- Signed English
- Tactile
- Other, please explain:

Expressive:

- American Sign Language
- Cued Language
- Finger spelling
- Gestures
- Oral/Spoken English
- Signed English
- Tactile
- Other, please explain:

3. Is the language and/or mode of communication the student is using adequate with his/her family/caregivers?

4. Is the language and/or mode of communication the student is using adequate with his/her peers?

II. Opportunities for direct communication

1. Describe opportunities for **direct** communication with peers that are to be addressed in the IEP:
2. Describe the opportunities for **direct** communication with professional staff and other school personnel that are to be addressed in the IEP:
3. Describe opportunities for **direct** instruction in the student's language and communication mode that are to be addressed in the IEP:

III. Academic level, assistive technology, devices and services

What language and communication supports are needed for the student to participate and make progress in the general education curriculum?

- General education curriculum delivered directly by a teacher proficient in the language(s) and communication modality(s) identified in Part I questions 1 and 2.
- General education curriculum delivered through use of qualified interpreter:
- American Sign Language Interpretation
 - English Transliteration
 - Oral Interpreting
 - Cued Language Transliteration
 - Deaf/Blind Interpreting
 - Other:
- Assistive devices/services have been considered:
- | | |
|--|---|
| <input type="checkbox"/> Captioned media | <input type="checkbox"/> Note taking |
| <input type="checkbox"/> CART | <input type="checkbox"/> Sound field system |
| <input type="checkbox"/> C-Print | <input type="checkbox"/> Other: |
| <input type="checkbox"/> FM System | |
| <input type="checkbox"/> Hearing aid/Cochlear Implant monitoring | |

Are the language and communication supports adequate to meet the student's needs?

IV. Full range of needs

- The IEP team has addressed the full range of needs (e.g. social, emotional, cultural) for this student, including:

Adapted from "Communication Considerations for Students who are Deaf or Hard of Hearing," New Mexico, and from "IEP Communication Plan for Student Who Is Deaf or Hard of Hearing," Iowa and Colorado.

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