

Student Name: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

## SCHOOL SYSTEM INDIVIDUALIZED EDUCATION PROGRAM (IEP)

IEP Meeting Date:	Purpose of IEP Meeting: Initial <input type="checkbox"/>	Annual Review <input type="checkbox"/>	Amendment <input type="checkbox"/>
Student Name:	Date of Birth:	GTID#	
Eligibility Category(s):		Most Recent Eligibility Date(s):	
School:	Grade:	School Year:	
Parent(s):			
Address:			Email:
Phone (home):	(work):	(cell phone):	

### TEAM MEMBERS IN ATTENDANCE

REQUIRED MEMBERS	ADDITIONAL MEMBERS
Parent:	Name/Title:
Parent:	Name/Title:
Local Education Agency Representative (LEA):	Name/Title:
Special Education Teacher:	Name/Title:
Regular Education Teacher:	Name/Title:
Student (age 18 or if transition is being discussed):	Name/Title:
Agency representative (responsible for transition services):	Name/Title:

### I. PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

<b>Results of initial or most recent evaluation and results of state and district assessments:</b>
<b>Description of academic, developmental and/or functional strengths:</b>
<b>Description of academic, developmental and/or functional needs:</b>
<b>Parental concerns regarding their child's education:</b>
<b>Impact of the disability on involvement and progress in the general education curriculum (for preschool, how the disability affects participation in appropriate activities):</b>

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**II. CONSIDERATION OF SPECIAL FACTORS**

- a) **Does the student have behavior which impedes his/her learning or the learning of others?**  Yes  No  
*If yes, consider the appropriateness of developing a Behavior Intervention Plan.*  
Behavior Intervention Plan developed?  Yes  No  
Refer to Behavior Intervention Plan for additional information.
- b) **Does the student have Limited English proficiency?**  Yes  No  
If yes, consider the language needs as related to the IEP and describe below.
- c) **Does the student have blindness/visual impairment?**  Yes  No  
If yes, provide for instruction in Braille and the use of Braille, unless the IEP Team determines that instruction in Braille is not appropriate for the student after an evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media, including evaluation of future needs for instruction in Braille or the use of Braille. Describe below.
- d) **Does the student have communication needs?**  Yes  No  
If yes, consider the communication needs and describe below.
- e) **Is the student deaf or hard of hearing?**  Yes  No  
If yes, consider and describe the student's language and communication needs, opportunities for direct communication 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. Describe communication needs below.
- f) **Does the student need assistive technology devices or services?**  Yes  No  
If yes, describe the type of assistive technology and how it is used. If no, describe how the student's needs are being met in deficit areas.
- g) **Does the student require alternative format for instructional materials?**  Yes  No  
If yes, specify format(s) of materials required below.  
 Braille       Large type       Auditory       Electronic text

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**III. TRANSITION SERVICE PLAN**

A transition service plan must be completed no later than entry into 9<sup>th</sup> grade or by age 16, whichever comes first, or younger, if determined appropriate by the IEP team and updated annually. If transition service plan is developed, attach to the IEP.

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**IV. MEASURABLE ANNUAL GOALS**

<b>Measurable Annual Goals:</b> Academic and/or functional goals designed to meet the child's needs that result from the disability to enable the child to be involved in and make progress in the general education curriculum or to meet each of the child's other educational needs that result from the disability.	<b>Criteria for Mastery</b>	<b>Method of Evaluation</b>	<b>Progress At Reporting Period</b>			
			1 (date)	2 (date)	3 (date)	4 (date)
1.						
2.						
3.						
4.						

**REPORT OF STUDENT PROGRESS**

When will the parents be informed of the child's progress toward meeting the annual goals?

Student Name: \_\_\_\_\_

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**V. MEASURABLE ANNUAL GOALS & SHORT TERM OBJECTIVES/BENCHMARKS**

Academic and/or functional goals designed to meet the child's needs that result from the disability to enable the child to be involved in and make progress in the general education curriculum or to meet each of the child's other educational needs that result from the disability.

**MEASURABLE ANNUAL GOAL:** \_\_\_\_\_

Short term objectives/benchmarks: Measurable, intermediate steps or targeted sub-skills to enable student to reach annual goals.	Criteria for Mastery	Method of Evaluation	Progress At Reporting Period			
			1 (date)	2 (date)	3 (date)	4 (date)

**REPORT OF STUDENT PROGRESS**

When will the parents be informed of the child's progress toward meeting the annual goals?

**VI. STUDENT SUPPORTS**

To advance appropriately toward attaining annual goals; to be involved and progress in the general curriculum; to be educated and participate with other children in academic, nonacademic and extracurricular activities, the following accommodations, supplemental aids and services and/or supports for school personnel will be provided:

<b>Instructional Accommodations</b>
<b>Classroom Testing Accommodations</b>
<b>Supplemental Aids and Services</b>
<b>Supports for School Personnel</b>

**VII. ASSESSMENT DETERMINATION FOR DISTRICT AND STATEWIDE ASSESSMENTS FOR GRADES K-12**

- a)
The student will participate in all required assessments without accommodations

 Yes                       No
- b)
The student will participate in all required assessments with accommodations

 Yes                       No
 

If yes, complete the chart below.
- c)
The student will participate in the Georgia Alternate Assessment (GAA)

 Yes                       No
 

If yes, provide a statement of why the child cannot participate in regular assessment.

**Specific Testing Accommodations** (Accommodations used for assessment must be consistent with accommodations used for classroom instruction/testing and specified in the IEP. Some accommodations used for instruction may not be allowed for statewide assessment. Refer to the GaDOE Student Assessment Handbook for the only allowable accommodations.)

Test	Subtest	Setting	Timing/Scheduling	Presentation	Response	Standard or Conditional (Conditional on the GHS GT is called Nonstandard)

**VIII. SPECIAL EDUCATION: Instruction/Related Services in General Education Classroom/Early Childhood Setting**

Options Considered ✓		Frequency	Initiation of Services (mm/dd/yy)	Anticipated Duration (mm/dd/yy)	Provider Title	Content/Specialty Area(s)
	Consultative					
	Collaborative					
	Co-teaching					
	Supportive Services					
	Related Services					

**IX. SPECIAL EDUCATION: Instruction/Related Services Outside of the General Education Classroom**

Options Considered ✓		Frequency	Initiation of Services (mm/dd/yy)	Anticipated Duration (mm/dd/yy)	Provider Title	Content/Specialty Area(s)
	Separate Class					
	Separate School					
	Home Instruction					
	Residential					
	Hospital/Homebound					
	Supportive Services					
	Related Services					

**X. The explanation of the extent, if any, to which the child will not participate with peers without disabilities in the regular class and/or in nonacademic and extracurricular activities:**

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**XI. EXTENDED SCHOOL YEAR**

- a) Are extended school year services necessary?  Yes  No  
 If yes, complete the section below.
- b) Goals to be extended or modified:

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Services	Frequency	Initiation of Services (mm/dd/yy)	Anticipated Duration (mm/dd/yy)	Provider Title	Location

**XII. DOCUMENTATION OF NOTICE OF IEP MEETING**

	Date	Method of Notification	By Whom
1 <sup>st</sup> Notification		<input type="checkbox"/> Invitation <input type="checkbox"/> Phone Call <input type="checkbox"/> In Person <input type="checkbox"/> Reminder notice <input type="checkbox"/> Other:	
2 <sup>nd</sup> Notification		<input type="checkbox"/> Invitation <input type="checkbox"/> Phone Call <input type="checkbox"/> In Person <input type="checkbox"/> Reminder notice <input type="checkbox"/> Other:	
3 <sup>rd</sup> Notification		<input type="checkbox"/> Invitation <input type="checkbox"/> Phone Call <input type="checkbox"/> In Person <input type="checkbox"/> Reminder notice <input type="checkbox"/> Other:	

**XIII. PARENT PARTICIPATION IN THE IEP PROCESS**

The following documents were provided to parent(s):

- Parental Rights in Special Education
  - Individualized Education Program (IEP)
  - Eligibility Report(s)
  - Evaluation
  - Other: \_\_\_\_\_
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If parent did not attend the meeting, complete below:

On \_\_\_\_\_ the documents were:  Mailed  Given In Person  Sent via Student  Other \_\_\_\_\_