
Individualized Education Program

Begin Date:

End Date:

Initial IEP
 Stay Put

Annual Review
 Court Ordered

Re-evaluation
 Placement

IEP Amendment
 ISP

Extended Year

Student Information

Student Name:

SASID ID:

SPED ID:

Date of Birth:

Primary Language:

Age:

Gender:

Grade:

Street:

Town:

State/Zip: NH 03301

Home Phone:

Work Phone:

Email:

Primary Disability:

Secondary Disability:

Third Disability:

Next Date of 3 Year Evaluation:

Court Placement Date:

District of Liability:

Town of Residence:

Case Manager:

Phone Number:

Parent/Guardian Information

Name:

Relationship to Student:

Primary Language of Parent:

Street:

Town:

State/Zip:

Phone:

Work Phone:

Email:

Student Name:
DOB:

New Hampshire Training Site
IEP Meeting Date:

Present Levels of Academic Achievement and Functional Performance

Describe the student's strengths:

Expandable text box

Describe the Student's:

Academic Needs:

Expandable text box

Developmental Needs:

Expandable text box

Functional Needs:

Expandable text box

Describe the Parent Concerns for Improving the Student's Education:

Expandable text box

Results of Additional Information about the student to be considered(including the Most Recent Evaluations):

Expandable text box

Describe how the student's disability affects the student's involvement and progress in the general curriculum:

Expandable text box

Describe how the student's disability affects non-academic areas:

Expandable text box

For preschool students, as appropriate, how the disability affects the student's participation in appropriate activities:

Expandable text box

Student Name:
DOB:

New Hampshire Training Site
IEP Meeting Date:

Consideration of Special Factors in Developing IEP

These are a non-exhaustive list of Special Factors. If the team determines in their consideration of special factors that the student needs a particular device, service, accommodation or modification in order for the child to receive a FAPE the Department anticipates the IEP will reflect that determination.

Does the student's behavior impede his/her learning or that of others? Yes

If yes,

(a) describe how or cite to relevant descriptions on previous pages:

Expandable text box

(b) what is or will be included in the IEP to address needs in this area or cite relevant sections of the IEP?

Expandable text box

(c) indicate whether a functional behavior assessment was/will be conducted or positive behavior or other strategies will or have been developed:

Expandable text box

Does this student have language needs related to his/her IEP due to having limited English proficiency? Yes

If yes,

(a) what are they or cite to relevant sections on previous pages and indicate his/her primary mode of language?

Expandable text box

Primary Mode of Language: English

(b) what is or will be included in the IEP to address needs in this area or cite relevant sections of the IEP?

Expandable text box

If the student is blind or visually impaired, does the student need instruction in Braille? Yes

If yes,

(a) what is or will be included in IEP to address this need or cite to relevant sections of the IEP?

Expandable text box

Does the student have communication needs? Yes

If yes,

(a) what are they or cite to relevant descriptions on previous pages?

Student Name:
DOB:

New Hampshire Training Site
IEP Meeting Date:

Expandable text box

(b) what is or will be included in the IEP to address needs in this area or cite relevant sections of the IEP?

Expandable text box

If the student is deaf or hard of hearing does his/her communication needs affect his ability to (i) advance to his/her annual goals, (ii) be involved in and make progress in the general curriculum and participate in extra-curricular and other non-academic activities and (iii) be educated and participate with other children with and without disabilities?
Yes

If yes,

(a) describe or cite relevant descriptions on previous pages:

Expandable text box

(b) what is needed or being included in the IEP to address these needs or may cite to relevant sections of the IEP:

Expandable text box

Is assistive technology necessary for the student to (i) advance to his/her annual goals, (ii) be involved in and make progress in the general curriculum and participate in extra-curricular and other non-academic activities and (iii) be educated and participate with other children with and without disabilities? Yes

If yes,

(a) describe or cite relevant descriptions on previous pages?

Expandable text box

(b) what is needed or being included in the IEP to address these needs or may cite to relevant sections of the IEP?

Expandable text box

Does the student have medical, sensory or physical impairments? Yes

If yes,

(a) what are they or cite relevant descriptions on previous pages?

Expandable text box

(b) what is needed or being done or may cite to relevant sections of the IEP?

Expandable text box

Student Name:
DOB:

New Hampshire Training Site
IEP Meeting Date:

Transition
Student's Preferences, Needs and Interests

Was the student invited to the IEP meeting? Yes
Did the student attend the IEP meeting? Yes

Student's Post-Secondary Goals (Based on student's preferences, needs and interests)	Present Levels of Performance
1. Post-Secondary Education/Training Goal: (e.g. 2 or 4 year college, vocational education, continuing and adult education, training program, or on-the job training) Expandable text box	Current Academic and Functional Levels in Preparation for Post-Secondary Education/Training: Expandable text box
2. Post-Secondary Employment Goal: Expandable text box	Current Job Skills in Preparation for Post-Secondary Employment: Expandable text box
3. Post-Secondary Independent Living Goal. If Needed: Expandable text box	Current Home/Independent Living Skills in Preparation for Post-Secondary Independent Living: Expandable text box
4. Future Community Participation: Expandable text box	Current Community Participation in Preparation for Post-Secondary Independent Living: Expandable text box
5. Adult Services: Expandable text box	Current Adult and Adult Type Services in Preparation for Post-Secondary Independent Living: Expandable text box

Secondary Transition
Courses of Study
(ages 14-21, or younger if appropriate)

Grade Level	Projected Courses to be taken each year
8th	Expandable text box
9th	Expandable text box
10th	Expandable text box
11th	Expandable text box
12th	Expandable text box
Ages18-21	Expandable text box

Total number of credits required by this district for graduation:22

It is anticipated that this student will:Regular High School Diploma

Anticipated graduation date/completion of program:06/15/2018

Student Name:
DOB:

New Hampshire Training Site
IEP Meeting Date.

Transition Services/Needs
(ages 16-21, or younger if appropriate)

Transition Area	Transition Service	Begin Date/End Date	Person/Agency Responsible
Instruction	Expandable text box	09/21/2015 06/15/2016	Mrs. Jones ABC Inc.
Instruction	Expandable text box	09/01/2016 09/20/2016	Mrs. Jones ABC Inc.

Did the IEP Team determine that the student, if age 16 or older, may benefit from New Hampshire Vocational Rehabilitation services (NHVRS) assistance? Yes

Date NHVRS notified:

Student Name:
DOB:

New Hampshire Training Site
IEP Meeting Date:

**Measurable Annual Goals and Benchmarks/Short-term Objectives /
Progress Toward Meeting Annual Goal(s)**

Area of Need: Vocational

Implementation Personnel/Position Responsible:
Mr. Smith

Present Level of Academic Achievement: Expandable text box

Present Functional Performance: Expandable text box

Annual Measurable Goal: 1. Increase Vocational Skills

Projected Beginning Date: 09/21/2015

Benchmarks/Short-Term Objectives or Progress toward meeting the annual goal	Beginning Date
Will identify descriptive paragraphs, procedure paragraphs, proof paragraphs, paragraphs that compare and/or contrast.	09/21/2015

Measurable Method for Evaluation	Method of Reporting to Parent
Log	Quarterly Progress Reports

Area of Need: Academic

Implementation Personnel/Position Responsible:
Teacher

Present Level of Academic Achievement: Expandable text box

Present Functional Performance: Expandable text box

Annual Measurable Goal: 2. Expandable text box

Projected Beginning Date: 09/21/2015

Benchmarks/Short-Term Objectives or Progress toward meeting the annual goal	Beginning Date
Expandable text box	09/21/2015

Measurable Method for Evaluation	Method of Reporting to Parent
Just Introduced	Quarterly Progress Reports

Student Name:
DOB:

New Hampshire Training Site
IEP Meeting Date:

Support and Services

General Accommodations

Area of Instruction	Goal	Academic Accommodations
Academic General Accommodations	2	Modifications - Reading the Reading Test
Academic General Accommodations	1	Expandable text box

Area of Non-Academic General Accommodations	Goal	Accommodation
Non-Academic General Accommodations	2	Emphasize major points.

General Modifications

Area of Instruction	Goal	To/For Curriculum
Academic General Modifications		Expandable text box

Area of Non-Academic and Extra Curricular Activities	Goal	Modifications
Non-Academic General Modifications	1	Expandable text box

Student Name: _____
 DOB: _____

New Hampshire Training Site
 IEP Meeting Date: _____

Special Education Services

Type of Service	Goal	Coordinator Title	Provider Title	Sessions Frequency	Time Per Session	Begin / End Dates	Location of Services	Medical
Speech Pathology-Group	2	Speech-Language Specialist	Speech - Language Assistant	1 times / day	1 sessions / day of 30 min	09/21/2015 09/20/2016	Special Education Setting	N
Expandable text box	2	Speech-Language Specialist	Speech-Language Specialist	2 times / wk	2 sessions / wk of 30 min	09/21/2015 09/20/2016	Regular Education Setting	N

Related Services

Type of Service	Goal	Coordinator Title	Provider Title	Sessions Frequency	Time Per Session	Begin / End Dates	Location of Services	Medical
Transportation	2	Transporter	Transporter	2 times / day	2 sessions / day of 50 min	09/21/2015 06/15/2016	Special Education Setting	N

Supplementary Aids and Services

Type of Service	Goal	Coordinator Title	Provider Title	Begin / End Dates	Location of Services	Medically Necessary
Assistive Technology Device		Assistive Technology Professional	Assistive Technology Professional	09/21/2015 09/20/2016	Regular Education Setting	N
Expandable text box	2	Counselor	Counselor	09/21/2015 09/20/2016	Regular Education Setting	N

Support for Personnel

Type of Support	Goal Area
T1 - Tests administered with time to complete a session extended beyond the scheduled administration time within the same day. NECAP tests are not designed to be timed or speeded tests. The scheduled administration time already includes additional time and the vast majority of students complete the test session within that time period. Extended time within a single sitting may be needed by students who are unable to meet time constraints. A test session may be extended until the student can no longer sustain the activity.	
Expandable text box	

Student Name:
DOB:

New Hampshire Training Site
IEP Meeting Date:

Justification for Non-Participation/State and District Assessments

Justification for Nonparticipation

1. Will the student be removed from the general education classroom at any time? Yes

1a. If yes, explain why the removal is considered critical to the student's program.

Expandable text box

2. Will the student participate with non-disabled peers in extra curricular and non-academic activities? No

2a. If no, explain why the non-participation is necessary.

Expandable text box

3. Will the student be placed for any part of the day outside his or her LEA home school? No

3a. If yes, explain why the placement is necessary.

Expandable text box

Student Name:
DOB:

New Hampshire Training Site
IEP Meeting Date:

State and District Wide Assessments

State Assessments

The Student will be participating in the following state assessments:

State Assessments	Accommodations
Smarter Balanced Assessment (Statewide)	Masking: Embedded Expandable text box
NECAP Science Only	Alternate Assessment based on Alternate Achievement Standards
SAT	Timing - Extended time (50%, 100%, more than 100%). Extended assessment time. State Allowed Accommodation. Use of bilingual word-for-word-non-electronic translation glossary for English language learners.

NECAP Science Only Testing Alternative:

Please complete the statements below if the student is participating in assessments alternative:

(a) Describe why student cannot take regular assessment.

Expandable text box

(b) Provide a statement as to why the alternate assessment that is being selected is appropriate.

Expandable text box

District Wide Assessments

The Student will be participating in the following district wide assessments:

District Wide Assessments	Accommodations
District Wide Assessments	Allow special projects in lieu of assignments.

Student Name:
DOB:

New Hampshire Training Site
IEP Meeting Date:

Extended School Year Services

Date that Extended School Year Services was/will be determined: 04/21/2016

1. Does the student require a longer school year? Yes

1a. If yes, describe student's needs.

Expandable text box

2. Does the student require a longer school day? Yes

2a. If yes, describe student's needs.

Expandable text box

Extended School Year Services to be Provided

Type of Service	Sessions Frequency	Time Per Session	Begin/End Dates	Location of Services
Speech Pathology-Group	1 times/wk	1 sessions/wk of 15 min	09/21/2015-09/20/2016	Regular Education Setting
Social Work Services	1 times/day	1 sessions/day of 30 min	09/21/2015-09/20/2016	Special Education Setting

The following annual goals will be addressed during Extended Year Services.

Increase Vocational Skills

Expandable text box

Student Name:
DOB:

New Hampshire Training Site
IEP Meeting Date:

Meeting Participants:

Name

Role

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Student Name: _____
DOB: _____

New Hampshire Training Site
IEP Meeting Date: _____

Response Section

School Assurance

I certify that the goals in the IEP are those recommended by the Team and that the indicated supports and services will be provided.

Signature and Role of LEA Representative: _____

Date: _____

Parent Options/Responses

Please indicate your response by checking at least one (I) box and returning a signed copy to the district.

- I accept the IEP as developed.
I reject the IEP as developed.
I accept the IEP as developed with the following exceptions:

Exceptions/Notes: _____

I understand that any portion(s) of the IEP that I accept will be implemented immediately.

I have received the Procedural Safeguards Handbook: Yes No

Signature of Parent, Guardian, Surrogate Parent, Student 18 and over:

Signature: _____ Date: _____

Adult student's signature required once a student reaches age 18 unless there is a court appointed guardian.

Indicate the date that the student and parent were informed of the transfer of parental rights under IDEA to the adult student at the age of 18. This must occur at least one year prior to the age of 18.

LEA Representative Signature: _____ Date: _____

I was informed of the parental rights under IDEA and that these rights transfer to me at age 18.

Student Signature: _____ Date: _____

I was informed of the parental rights under IDEA that transfer to my child at age 18.

Parent Signature: _____ Date: _____

Student Name:
DOB:

New Hampshire Training Site
IEP Meeting Date:

PARENT'S RESPONSE TO EDUCATIONAL PLACEMENT PROPOSAL

This is a document for parents to indicate their formal response to a school district proposal related to educational placement for their child. Parents may take up to 14 calendar days from the date on which they receive the proposal to respond. This insures that the special education process can be conducted in a timely and appropriate manner. The 14-day time limit may be extended if both parent and School District agree to an extension.

Provider:
Program:

Time Spent: 5 sessions/wk of 5 hr

Begin: 09/21/2015
End: 09/20/2016

PARENT'S NAME:
ADDRESS:

STUDENT:
SASID NUMBER:
DATE DOCUMENT TRANSMITTED: _____
TRANSMITTAL METHOD: _____
CONTACT PERSON: _____

Proposal details are enclosed

Parents: Please indicate your response to this educational placement proposal by checking the box(es) which reflect your decision, and then sign the document in the space provided. Thank you.

- I AGREE TO THE EDUCATION PLACEMENT PROPOSALS
 I DO NOT AGREE TO THE EDUCATION PLACEMENT PROPOSALS

Parents: Your signature below will also verify that you have received a copy of "Parental Rights in Special Education." If you have NOT received the publication, request one from the contact person named above, and sign this document only after you have received and reviewed it.

My response to this educational placement proposal is indicated above. I have received a copy of "Parental Rights in Special Education."

PARENT'S SIGNATURE: _____

RELATIONSHIP TO STUDENT: _____

DATE: _____

LEA Representative Signature: _____ Date: _____