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| **THE INDIVIDUALIZED EDUCATION PROGRAM (IEP) FOR:** | | | | | | | |
| Name: First | | Middle | | | | Last | |
| **STUDENT DEMOGRAPHIC INFORMATION (Optional):** | | | | | | | |
| Current Address: | | | | | | | Phone: |
| Birth Date: / / Age: | | | Student ID #/MOSIS#: | | | | |
| Present Grade Level: | | | Resident District Home School: | | | | |
| If the child is **not** receiving his/her special education and related services in his/her home school or resident district, indicate below where the services are being provided. | | | | | | | |
| District/Agency Name: | | | | | | | |
| School Name: | | | | | | | |
| Address: | | | | | | | |
| Phone: | | | | | | | |
| Primary Language or Communication Mode(s): English Spanish Sign language Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Educational Decision Maker is: Parent Legal Guardian Educational Surrogate Foster Parent Child [age 18+]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name:  Address:  Phone: Email: Fax: | | | | | | | |
| IEP Case Manager: Case Manager Phone: | | | | | | | |
| IEP Type Initial Annual Date of most recent evaluation/reevaluation / /  Date of Previous IEP Review: / / Projected date for next triennial evaluation / / | | | | | | | |
| **IEP CONTENT (Required):** | | | | | | | |
| Date of IEP Meeting: / / | | | | Initiation Date of IEP: / / | | | |
| Projected Date of Annual IEP Review: / / | | | | Parent(s)/Legal Guardian(s) provided copy of this IEP: / / | | | |
| **PARTICIPANTS IN IEP MEETING AND ROLES**  The names and roles of individuals **participating in developing** the IEP meeting must be documented. | | | | | | | |
| **Name of Person and Role**Signatures are not required. If a signature is used it only indicates attendance, not agreement. | | | | | **Method of Attendance/Participation** | | |
|  | Parent/Guardian | | | | in person  did not participate  in writing (if applicable)  by phone other:\_\_\_\_\_\_ | | |
|  | Parent/Guardian | | | | in person  did not participate  in writing (if applicable)  by phone other: \_\_\_\_\_ | | |
|  | Student | | | | in person  did not participate (if required)  in writing (if applicable)  by phone other:\_\_\_\_\_\_ | | |
|  | LEA Representative | | | | in person  excused  in writing (if applicable)  by phone other:\_\_\_\_\_\_ | | |
|  | Special Education Teacher | | | | in person  excused  in writing (if applicable)  by phone other: \_\_\_\_\_\_ | | |
|  | Regular Classroom Teacher | | | | in person  excused  in writing (if applicable)  by phone other:\_\_\_\_\_\_ | | |
|  | Individual Interpreting Instructional Implications of Evaluation Results | | | | in person  excused  in writing (if applicable)  by phone other: \_\_\_\_\_\_ | | |
|  | Part C Representative (if applicable) | | | |  | | |
|  | Representative of an agency which may provide postsecondary transition services (if applicable) | | | |  | | |
|  | Other: | | | |  | | |
| Present Level of Academic Achievement and Functional Performance (Functional Performance refers to general ability and problem solving, attention and organization, communication, social skills, behavior, independent living, self-advocacy, learning style, vocational, employment) | | | | | | | | |
| Present Level must include: | | | | | | | | |
| * How the child’s disability affects his/her involvement and progress in the general education curriculum; or for preschool children, participation in age-appropriate activities. (For students with transition plans, consider how the student’s disability will affect the child’s ability to reach his/her post-secondary goals (what the child will do after high school). For children with the most significant cognitive disabilities, describe how the disability impacts the child’s access to the general education curriculum and how the alternate standards are appropriate.) * The strengths of the child. (For students with transition plans, consider how the strengths of the child relate to the student’s post-secondary goals.) * Concerns of the parent/guardian for enhancing the education of the student. (For students with transition plans, consider the parent/guardian’s expectations for the student after the student leaves high school.)      * Changes in current functioning of the student since the initial or prior IEP. (For students with transition plans, consider how changes in the child’s current functioning will impact the student’s ability to reach his/her post-secondary goal.) * A summary of the most recent evaluation/re-evaluation results. * A summary of formal and/or informal age appropriate transition assessments based on the student’s needs, preferences and interests (must be included no later than the first IEP to be in effect when the student turns age 16). * Once the IEP team determines that the student is unable to access the regular curriculum and that a curriculum based on alternative standards is appropriate ([MAP-A guidance](https://dese.mo.gov/special-education/compliance/statewide-assessments)), complete this section by describing the following:   + How the student demonstrates the most significant cognitive disabilities and limited adaptive skills that may be combined with physical or behavioral limitations.   + How the most significant cognitive disability impacts the student’s access to the curriculum and requires specialized instruction.   + How the most significant cognitive disability impacts the student’s post-school outcomes.   + Any additional factors considered. (The student’s inability to participate in the general education assessment must be primarily the result of the most significant cognitive disability and NOT excessive absences; visual or auditory disabilities; or social, cultural, language, or economic differences.)   Please select one of the following for students determined eligible for alternative assessments:  Objectives/benchmarks are on goal page(s).  Objectives/benchmarks described below. | | | | | | | | |

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| 2. Special Considerations: Federal and State Requirements Note: For the first six items below, if the IEP team determines that the child needs a particular device or service (including an intervention, accommodation or other program modification), information documenting the team’s decision regarding the device or service must be included in the appropriate section of the IEP. These must be considered annually. | | | | |
| Is the student blind or visually impaired? No.  Yes. If yes, complete Form A: Blind and Visually Impaired. | | | | |
| Is the student deaf or hearing impaired? No.  Yes. The IEP Team has considered the child’s language and communication needs, opportunities for direct communication with peers and professionals in the child’s language and communication mode, academic level, and full range of needs including opportunities for direct instruction in the child’s language and communication mode in the development of the IEP. | | | | |
| Does the student exhibit behaviors that impede his/her learning or that of others? No.  Yes. If yes, strategies including positive behavior interventions and supports must be considered by the IEP team, and if determined necessary, addressed in this IEP. If a behavior intervention plan is developed it must be a part of the IEP. | | | | |
| Does the student have limited English proficiency? No.  Yes. The student’s language needs are addressed in this IEP. Students who are English Learners (EL) in grades K-12 take the state’s annual English Language Proficiency assessment, ACCESS for ELLs. | | | | |
| Does the student have communication needs? No.  Yes. The student’s communication needs are addressed in this IEP. | | | | |
| Does the student require Assistive Technology device(s) and/or services? No.  Yes. The student’s assistive technology needs are addressed in this IEP. | | | | |
| **Extended School Year:**  No. The student is not eligible for ESY services.  Yes. The student is eligible for ESY services. **Complete Form B.**  The need for ESY services will be addressed at a later date. Will be addressed by / (month/year).  **Attach IEP Amendment page and Form B.** | | | | |
| **Transfer of Rights:** Notification must be given beginning not later than one year before the student is 18informing the student of the rights under IDEA that will transfer to the student upon reaching the age of majority.  N/A for this student/IEP  Notification was given: / / (month/day/year). | | | | |
| **State Assessments:** IDEA requires students with disabilities to participate in the following statewide assessments: | | | | |
| Grade-Level Assessments  for Grades 3-8 (must complete Form D-1)  (NA for MAP-A eligible students) | End of Course Exams  for Grades 9-12, or, if appropriate, earlier grades (complete Form D-2) (NA for MAP-A eligible students) | MAP-A  for eligible\* students in  Grades 3-8 and Grade 11  (must complete Form D-3)  \* [DESE's MAP-A webpage](https://dese.mo.gov/college-career-readiness/assessment/map-a) | ACCESS for ELLs  for EL students in  Grades K-12 (must  complete Form D-4) | NAEP/International  Assessments  for selected students  (must complete Form  D-5)  (NA for MAP-A eligible students) |
| No state assessment is required for this student at this time.  No further assessment is required, student meets all state assessment participation requirements. | | | | |
| **District-wide Assessments:** Are there district-wide assessments administered for this student’s age/grade level (refer to the District Assessment Plan)?  No.  Yes. If yes, **Complete Form E**. | | | | |
| **Post-secondary Transition Services: (Must be included not later than the first IEP to be in effect when the child turns 16, and updated annually thereafter.)** Is a Post-secondary Transition Plan required?  No. (Child will not turn 16 while this IEP is in effect.)  Yes. (Child is/will be 16 while this IEP is in effect.) **If yes, Complete Form C – Post-secondary Transition Plan.** | | | | |
| **Alternate Method of Instruction (AMI) plan:**  This district is choosing to utilize AMI for up to 36 instructional hours and the student’s needs will be documented on **Form G.**  This district is not using AMI. | | | | |

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| **3. Annual Measurable Goals** | | | | | | | |
| Annual Goal # \_\_\_\_\_\_: | | | | | | | |
| Measurable Benchmarks/Objectives: | | | | | | | |
| For students with Post-secondary Transition Plans, please indicate which goal domain(s) this annual goal will support: | | | | | | | |
| Post-secondary Education/Training | | | Employment | | | Independent Living | |
| Progress toward the goal will be measured by: **(check all that apply)** | | | | | | | |
| Work samples | | Curriculum based tests | | | Portfolios | | Checklists |
| Scoring guides | | Observation chart | | | Reading record | | Other: |
| Progress Towards Meeting Goal | | | | | | | |
| Date of Report | Summary Statement  (Select one) | | | Description of progress data supporting selected summary statement | | | |
|  | Making progress toward annual goal | | |  | | | |
| Not making progress toward annual goal | | |
| Goal not addressed this reporting period | | |
| Goal met | | |
|  | Making progress toward annual goal | | |  | | | |
| Not making progress toward annual goal | | |
| Goal not addressed this reporting period | | |
| Goal met | | |
|  | Making progress toward annual goal | | |  | | | |
| Not making progress toward annual goal | | |
| Goal not addressed this reporting period | | |
| Goal met | | |
|  | Making progress toward annual goal | | |  | | | |
| Not making progress toward annual goal | | |
| Goal not addressed this reporting period | | |
| Goal met | | |
|  | Making progress toward annual goal | | |  | | | |
| Not making progress toward annual goal | | |
| Goal not addressed this reporting period | | |
| Goal met | | |
|  | Making progress toward annual goal | | |  | | | |
| Not making progress toward annual goal | | |
| Goal not addressed this reporting period | | |
| Goal met | | |
|  | Making progress toward annual goal | | |  | | | |
| Not making progress toward annual goal | | |
| Goal not addressed this reporting period | | |
| Goal met | | |
|  | Making progress toward annual goal | | |  | | | |
| Not making progress toward annual goal | | |
| Goal not addressed this reporting period | | |
| Goal met | | |

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| **4. Reporting Progress** |
| Progress will be reported to the parent(s)/guardian(s): |
| Bi-Quarterly  Quarterly  Trimester  Semester  Other: |

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| **5. Service Summary** | | | | | |
|  | **Amount** | **Frequency** | **Location** | **Begin**  **Date\*** | **End Date\*** |
| **Special Education Service**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | reg ed sped home  reg ed sped home  reg ed sped home  reg ed sped home  reg ed sped home | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Related Services**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  None | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | reg ed sped home  reg ed sped home  reg ed sped home | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Supplementary Aids/Services**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  None | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | reg ed sped home  reg ed sped home  reg ed sped home | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Parent and School Personnel Supports** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  None | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Program Modifications and Accommodations**  Documented on alternate Form F  None |  |  |  |  |  |
| \*N/A if will be same as initiation and annual review date indicated on page 1. If a date is listed, it must include the month, day and year. | | | | | |

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| 6. Transportation as a Related Service |
| The student **does not** require transportation as a related service.  The student requires transportation as a necessary related service.  The student needs accommodations or modifications for transportation.  No  Yes  If yes, check any transportation accommodations/modifications that are needed.  Wheelchair lift  Child safety restraint system - specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Door to door pick-up and drop-off  Curb to curb pick-up and drop-off  Aide  Other - specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **7. Regular Education Participation** |

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| Extent of Participation in Regular Education | |
| **For Preschool:** Will all of this child’s special education and related services be provided with non-disabled peers in a regular education setting designed primarily for children without disabilities?  Yes.  No. If no:   1. To what extent will the child not receive special education and related services in a regular education setting? (minutes or percent of special education and related service minutes on the IEP) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Describe the reasons why the IEP team determined that provision of services in the regular education setting was not appropriate for the child. Check and describe all that apply for this child:   The curriculum and goals of the regular education class (i.e., factors which document a need for specially designed materials, supplies or equipment or significant modifications to the regular curriculum which would have an adverse effect on the educational program for other students in the class). Must describe for this student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The sufficiency of the district's efforts to accommodate the child with a disability in the regular class (i.e., description of modifications which have been attempted/resources which have been committed and the student centered results which were observed or a description of the modifications considered but rejected and the basis for the rejection). Must describe for this student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The degree to which the child with a disability will receive educational benefit from regular education (i.e., consideration of the potential positive effects with respect to cognitive, academic, physical, social or other areas of development). Must describe for this student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The effect the presence of a child with a disability may have on the regular classroom environment and on the education that the other students are receiving (i.e., description of potential harmful effects for the student with a disability or disruptive effects for students without disabilities). Must describe for this student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The nature and severity of the child’s disability (i.e., factors which support a need for alternative instruction which cannot be achieved in the regular class such as extreme distractibility, diverse learning styles and inability to engage appropriately with other students in academic or social interactions). Must describe for this student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **For K-12:** The regular education environment **includes all academic instruction as well as meals, recess, assemblies, field trips, etc**. Will this child participate 100% of the time with non-disabled peers in the regular education environment?  Yes.  No. If no:   1. To what extent will the child not participate in a regular education environment? (minutes or percent of special education and related service minutes on the IEP in special education settings) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Describe the reasons why the IEP team determined that provision of services in the regular education environment was not appropriate for the child. Check and describe all that apply for this child:   The curriculum and goals of the regular education class (i.e., factors which document a need for specially designed materials, supplies or equipment or significant modifications to the regular curriculum which would have an adverse effect on the educational program for other students in the class). Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The sufficiency of the district's efforts to accommodate the child with a disability in the regular class (i.e., description of modifications which have been attempted/resources which have been committed and the student centered results which were observed or a description of the modifications considered but rejected and the basis for the rejection). Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The degree to which the child with a disability will receive educational benefit from regular education (i.e., consideration of the potential positive effects with respect to cognitive, academic, physical, social or other areas of development). Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The effect the presence of a child with a disability may have on the regular classroom environment and on the education that the other students are receiving (i.e., description of potential harmful effects for the student with a disability or disruptive effects for students without disabilities.) Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  The nature and severity of the child’s disability (i.e., factors which support a need for alternative instruction which cannot be achieved in the regular class such as extreme distractibility, diverse learning styles and inability to engage appropriately with other students in academic or social interactions). Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Participation in Physical Education |
| The student will participate in:  Regular physical education  Regular physical education with accommodations as addressed in this IEP  Adapted physical education (includes special PE, adapted PE, movement education and motor development)  No physical education activities are required for one of the following reasons:  Credit already earned  Credit waived  Child is preschool age  Other: |
| Participation in Program Options, Nonacademic and Extracurricular Activities |
| The district assures that this student will have an equal opportunity to participate in program options, nonacademic and/or extracurricular activities and services offered by the district. |

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| **8. Placement Considerations and Decision** | |
| This section is a SUMMARY of all of the following: Present Level of Academic Achievement and Functional Performance, goals, objectives/benchmarks (if applicable), characteristics of services, adaptations and special education and related services information. Annual Consideration of Placement **For ECSE**: At least annually, the IEP team must consider whether all the special education and related services will be provided with non-disabled peers in a regular education setting (designed primarily for children without disabilities).  **For K-12**: At least annually, the IEP team must consider if the IEP goals can be met with services provided 100% of the time in the regular education environment.  Check **all** placement options that were **considered** for the provision of special education and related services. (For K-12, inside regular class at least 80% of time must be checked. For preschool, an EC setting must be checked.)  Check the **one** placement option that was selected. | |
| **Placement Continuum (K-12)**   |  |  |  |  | | --- | --- | --- | --- | |  | Considered | Selected |  | |  |  |  | Inside regular class at least 80% of time | |  |  |  | Inside regular class 40% to 79% of time | |  |  |  | Inside regular class less than 40% of time | |  |  |  | Public separate school (day) facility | |  |  |  | Private separate school (day) facility | |  |  |  | Public residential facility | |  |  |  | Private residential facility | |  |  |  | Home/hospital | | **Placement Options (ECSE)**   |  |  |  |  | | --- | --- | --- | --- | |  | Considered | Selected |  | |  |  |  | Early childhood setting | |  |  |  | Early childhood special education | |  |  |  | Home | |  |  |  | Part-time early childhood/Part-time early childhood special education | |  |  |  | Residential facility | |  |  |  | Separate school | |  |  |  | Itinerant service outside the home | |

**For K-12 students:** Is this student’s placement as close as possible to the child’s home and/or in the school he/she would attend if nondisabled?

Yes.

No. If No, explain why another school/setting is required.

IEP team decision

Parent transfer request

Other:

# 