

Individualized Education Program



LEA Name: _____

Student's Full Name: _____ IEP Meeting Date: _____

Student Information

Student's Full Name:	Date of Birth:
IEP Grade(s)	Age:
Parent(s)/Guardian(s):	
Address:	
Phone Number(s):	
School:	Student ID:
Amendment/Review:	
Meeting Date:	Purpose:
IEP Review Due:	Finalized:
Re-eval Due:	

Applicable Eligibility

IEP Team

Name	Role	Signature	Method
	Parent		
	Chair/LEA Rep.		
	Teacher		
	Student		
	Sp.Ed. Teacher		

Transfer Student Information

If this student was receiving services in another district or state, please include information about that here.

Extended School Year Consideration

Will Extended School Year be considered while developing this IEP?

Yes N/A (Student is Gifted)

ESY Determination

The IEP Team in making its determination of a student's need for ESY shall review documentation that the student exhibits, or may exhibit:

- » Significant regression during an interruption in educational programming;
- » A limited ability to recoup, or relearn skills once programming has resumed;
- » Regression/recoupment problem(s) that interfere with the maintenance of identified critical skills as described in the current IEP; and
- » Other factors that interfere with the maintenance of identified critical skills as described in the current IEP, such as predictive data; degree of progress; emerging skills and breakthrough opportunities; interfering behaviors; nature and/or severity of the disability; and special circumstances.

(The lack of clear evidence of such factors may not be used to deny a student ESY services, if the IEP Team determines the need for such services and includes ESY in the IEP.)

Does the student need Extended School Year Services?

Yes No Defer until: _____

ESY Parent Acceptance

Does the parent accept or reject ESY services?

Accept Reject Student does not qualify for ESY Services ESY Eligibility Deferred

Consideration of Factors for IEP Development / Annual Reviews

In developing each student's IEP, the IEP Team must consider:

- » Strengths of the student.
- » Concerns of the parents for enhancing the education of their child.
- » Results of the initial evaluation or most recent evaluation of the student; and
- » Academic, developmental and functional needs of the student.
- » Special factors as applicable

If the student understands instructional content at grade level, but is unable to read with sufficient accuracy and fluency to support comprehension at the same rate as his/her peers; or cannot physically manipulate the print medium; or due to blindness/low vision cannot see standard print materials, then click the links to learn more about Accessible Educational Materials. Please refer to the Accessible Educational Materials guidance documents on the WVDE website.)

- _____ Is the student identified as gifted?
- _____ Does the student need assistive technology devices or services? [Assistive Technology Resource](#)
- _____ Does the student have communication needs? [Communication Resource](#)
- _____ Does the student's behavior impede his or her learning or that of others? [Behavior and Emotional Disturbance Resource](#)
- _____ Does the student have blindness or low vision? [Blindness or Low Vision Resource](#)
- _____ Is the student deaf or hard of hearing? [Deafness or Hard of Hearing Resource](#)
- _____ Does the student have limited English proficiency? [EL Resource](#)
- _____ Does the IEP team intend to invite a representative from a participating agency to the NEXT IEP meeting to discuss secondary transition services? [Secondary Transition Resource](#) / [Invite Agency Form](#)
- _____ Will this IEP address secondary transition services? (check if the student will be age 14 or older during this IEP) [Secondary Transition Resource](#)
- _____ Are additional evaluations needed? [Request Additional Evaluation Form](#)

Assessment Data

Interim, Formative, Secondary Transition (TR1), and Additional Assessment Data

Using current, annual data, list the interim, formative, and secondary transition assessments (TR1) that have been used with the student and describe the results and implications for specially designed instruction. This could include data relevant to student behavior, setting demands, work habits/ learning skills, technology skills, workplace skills, independent living skills, performance-based assessments. Describe the results and implications for specially designed instruction.

Assessment:	Date:	Results/Implications:

Age of Majority - must be answered annually

Have the student and parent have been informed of the transfer of educational rights that will automatically occur upon the student reaching age 18? This is required no later than the student's 17th birthday. Type in the original date and initials for each subsequent IEP after this has been addressed.

Yes

No

Student Initials: _____

Date: _____

Parent(s)/Adult Student Consent (TR2)

Did the parent(s)/adult student consent to invite each Outside Agency, that is likely to be providing or paying for transition services, prior to convening the current IEP meeting?

Yes No N/A - IEP Team determined that no Outside Agency was needed at this time

Outside Agency Invite (TR2)

Were any Outside Agencies invited to the current IEP meeting?

Yes No N/A - IEP Team determined that no Outside Agency was needed at this time

Student Invite (TR3)

Was the student invited to the current IEP meeting? If the student was not invited to the meeting, please explain why (e.g., parents requested the student not attend at this time, etc.).

Yes No

Student Prefs. - Transition Considerations (TR3) - Do not leave blank

How were the student's preferences and interests considered (e.g. transition assessments, student or parent interviews, informal conversations, etc.)?

Transition Considerations - Courses of Study (TR4) - do not leave blank

List the student's previous and current courses of study (e.g., PEP) starting with grade 9 (by graduation this section should contain 4 years of courses). Include a rationale describing how the student courses will support the student with meeting their post-secondary goals. If the student is in middle school, state the student is completing middle school curriculum in preparation for high school and future development of a PEP.

Post-secondary EDUCATION/TRAINING GOAL (TR5) - REQUIRED for all students and disability categories

Write as a goal that includes: a timeline (e.g., After graduation or After high school), is specific (what they will study or be trained in), and based on results of transition assessments. This does NOT have to be college. This can include on-the-job or life skills training.

Post-secondary EMPLOYMENT Goal (TR6) - REQUIRED for all students and disability categories

Write as a goal that includes: a timeline (e.g., After graduation or After high school), is specific (what career they will have), and based on results of transition assessments. This aligns to the student's future career and is not a summer job or a temporary job

Post-secondary Independent Living Goal (TR7) - AS APPROPRIATE - do not leave blank

Write as a goal that includes: a timeline (e.g., After graduation or After high school), is specific, with consideration given to the student's need to develop skills that will enable them to live as independently as possible. Minimally include a statement such as: The IEP Team determined that independent living goals are not appropriate at this time.

Transition Considerations - Courses of Study and Alignment with IEP (TR7) - do not leave blank

Federal law (20 USC CFR 300.43) defines transition services as a coordinated set of activities within a results-oriented process that focus on improving the academic and functional outcomes for the student to achieve their post-secondary goals. Transition Services are based on the student's individual needs and at least one activity is required that supports the Annual Transition Goal. **DO NOT include general education classes or diploma requirements in the description of service. See help text for examples of services for each activity (in WVEIS).**

Identify transition services and activities that will be provided by the LEA (school) during this IEP. If an outside agency is providing or paying for transition services, include the name of the agency, as well as the description of the services to be provided.

Required Coordinated Activity	LEA will provide	Name of Outside Agency (if appropriate)	Description of Transition Service	Activity to Support Annual Transition Goal
Instruction/Education				
Related Service				
Community Experiences				
Employment Skills				
Independent Living Skills/ Self-Advocacy Skills				
Referral to Outside Agency and description of service to be provided or paid for (this may include Pre-ETS)				

Present Levels of Academic Achievement and Functional Performance

Area: _____

Expectation:

_____ Grade

Present Level:

Impact:

Area: _____

Expectation:

_____ Grade

Present Level:

Impact:

Area: _____

Expectation:

_____ Grade

Present Level:

Impact:

Standard Type

Grade Level: _____

Standards Version: West Virginia College and Career Readiness Standards
Alternate Academic Achievement Standards
Pre-K Standards

Grade Level: _____

Diploma Type

Alternate diploma brochure is available on the WVDE website.

The student's educational program will lead to a:

General Diploma

Alternate Diploma

Alternate Standards Guidelines

TO BE COMPLETED ONLY IF THE IEP TEAM HAS SELECTED ALTERNATE STANDARDS

ALTERNATE STANDARDS GUIDELINES

Alternate Standards are designed for students with the most significant cognitive disabilities. Students following the Alternate Standards will participate in the statewide Alternate Assessment and are on track to receive an alternate diploma which has implications regarding post-secondary education and career opportunities.

The following three statements must be answered yes when determining if the student's program of study should be based on the Alternate Standards:

1. The student has a significant intellectual disability.
NOTE: WV Policy 2419, Chapter 4, Section 3.I, states that an intellectual disability is defined as significantly sub-average intellectual functioning that exists concurrently with deficits in adaptive skill areas. These deficits are manifested during the developmental period and adversely affect the student's educational performance. The student with moderate to severe intellectual disability has general intellectual functioning more than three standard deviations below the mean, in consideration of 1.0 standard error of measurement as determined by a qualified psychologist, using an individually administered intelligence test.
2. The student will be primarily instructed using the Alternate Assessment.
3. The student requires extensive direct individualized instruction and substantial support to achieve measurable gains in the grade and age-appropriate curriculum.

The following are NOT allowable considerations to determine participation in the Alternate Assessment:

1. A disability category or label
2. Poor attendance or extended absences
3. Native language/social/cultural or economic difference
4. Expected poor performance on the general education assessment
5. Academic and other services student receives
6. Educational environment or instructional setting
7. Percent of time receiving special education
8. English Learner (EL) status
9. Low reading level/achievement level
10. Anticipated student's disruptive behavior
11. Impact of student scores on accountability system
12. Administrator decision
13. Anticipated emotional duress
14. Need for accommodations (e.g., assistive technology/AAC) to participate in assessment process

The IEP Team must check the box below to confirm:

State guidelines were followed when making the decision to select Alternate Standards, including the use of the Eligibility Determination Checklist for Participation in the West Virginia Alternate Summative Assessment (WVASA) to determine the appropriate assessment for this student.

Yes ☐ This student is not on Alternate Standards ☐

The IEP Team **must** include a statement/rationale below explaining why the student cannot participate in the regular assessment **AND** why the particular alternate assessment selected is appropriate for the student (34 CFR 300.320(a)(6)(ii)).

Targeted Standards	
Code	Standard

Annual Goals

How and when will the student's progress toward the IEP goals be reported to the parent(s)?

How:

When:

Area:

Goal:

Critical

Area:

Goal:

Critical

Area:

Goal:

Critical

Services				
Services designated with a July 1 initiation date (start of the fiscal year) will go into effect on the first day of school as specified on each Local Education Agency's approved academic calendar. This start date will not impact services provided through extended school year identified in IEP Extended School Year Services.				
Supplementary	Env.	Extent / Frequency	From Date	Duration

Special Education Services	Env.	Extent / Frequency	From Date	Duration

Related Services	Env.	Extent / Frequency	From Date	Duration

Extended School Year Service	Env.	Extent / Frequency	From Date	Duration

Environment Key
ESY: Extended School Year | GEE: General Education Environment | GEE-S: Supplementary General Education Environment
OSE: Out of School Environment | SEE: Direct Special Education Environment | SEE-C General Education Environment - Supplementary
TRANSP: Transportation

Waive 5 Day Initiation Period for Services

By checking this box, the parent and district agree to waive the 5 day initiation period for student services.

Waived

Justification Statement for Removal from GEE

Explain the extent, if any, to which the student WILL NOT participate in the general education classroom and/or extracurricular and other non-academic activities. Present levels of academic achievement and functional performance must explain why full participation is not possible.

Least Restrictive Environment (LRE) Code

Grade Level: _____

Percentage of time in: _____ % General Education Environment _____ % Special Education Environment

LRE Code: _____

Least Restrictive Environment (LRE) Considerations

The IEP Team has considered:

Annual placement determination based on the IEP.

Only schools and classroom settings appropriate to the student's chronological age.

Education in a general classroom with the use of supplementary aids and services.

Potentially harmful effects of the selected LRE placement on the student and the quality of the student's services.

Education with age-appropriate non-exceptional peers.

Placement as close to home as possible, in the school the student would normally attend if not exceptional, unless the IEP requires other arrangements.

State-administered Assessment Accommodations Indicator

Yes No

State-administered Assessment Accommodations

Please refer to the WV Guidelines for Participation in State Assessment for Guidance and complete descriptions of accommodations.

Presentation Accommodations:

Response Accommodations:

Timing Accommodations:

Student's Full Name: _____ IEP Meeting Date: _____

Prior Written Notice

Local Educational Agency (LEA): _____

Notice Date: _____

As a result of:

An Individualized Education Program (IEP) Team Meeting

A disciplinary action occurring on

Other _____

Explain:

The district is proposing refusing to initiate change

the educational evaluation or reevaluation of the student.

the educational placement of the student.

the provision of a free appropriate public education (FAPE) to the student.

Specifically, the district is proposing:

The district is proposing this action because:

The evaluation procedures, assessments, records, or reports the district used as a basis for the proposed action are:

Student's Full Name: _____ IEP Meeting Date: _____

Other options the district considered, but rejected, include:

The reasons the above options were rejected include:

Other factors relevant to the district's position include:

Director of Special Education Phone Number:

Parent Educator Resource Center Phone Number:

PWN Signature

LEA Signature: _____