

# ANNOTATED IEP GUIDE

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

STUDENT NAME:	DISABILITY CLASSIFICATION:
DATE OF BIRTH: LOCAL ID #:	
PROJECTED DATE IEP IS TO BE IMPLEMENTED:	PROJECTED DATE OF ANNUAL REVIEW:

### PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

EVALUATION RESULTS (INCLUDING FOR SCHOOL-AGE STUDENTS, PERFORMANCE ON STATE AND DISTRICT-WIDE ASSESSMENTS)

*Refer to General Directions Document <http://www.p12.nysed.gov/specialed/formsnotices/IEP/home.html>*

*This is the section where evaluation information will be included and described. May need to coordinate with psychologists, related services and secretaries on this section. It cannot be left blank. Include:*

- *Title of assessment*
- *Date assessment was completed*
- *Results:*
  - *Summary of the interpretation of the scores - explain the instructionally relevant information, understandable to the parent and educational team - should be included in this section.*
  - *Instructional implications of an assessment can then be further summarized or included in the appropriate section of the PLP.*

*Evaluation categories include:*

- *Psycho-educational Assessment*
- *Speech & Language, PT, OT Assessment (& other related services)*
- *Physical Examination, Medical information*
- *Classroom Observation*
- *Functional Behavior Assessment*
- *Transition Assessment*
- *State & District-wide Assessments*

## ACADEMIC ACHIEVEMENT, FUNCTIONAL PERFORMANCE AND LEARNING CHARACTERISTICS

LEVELS OF KNOWLEDGE AND DEVELOPMENT IN SUBJECT AND SKILL AREAS INCLUDING ACTIVITIES OF DAILY LIVING, LEVEL OF INTELLECTUAL FUNCTIONING, ADAPTIVE BEHAVIOR, EXPECTED RATE OF PROGRESS IN ACQUIRING SKILLS AND INFORMATION, AND LEARNING STYLE:

### **REFER TO NYSED GUIDE TO QUALITY INDIVIDUALIZED EDUCATION PROGRAM (IEP) DEVELOPMENT AND IMPLEMENTATION**

[www.p12.nysed.gov/specialed/formsnotices/iepguidance/IEPguideFeb2010.pdf](http://www.p12.nysed.gov/specialed/formsnotices/iepguidance/IEPguideFeb2010.pdf)

#### **Provide Description of Student's Current Level of Performance,**

- **Include specific baseline data - the "CAN DO" in the "CAN'T DO" Areas**
  - **Do not use vague statements such as: "is having difficulty", "is showing improvement"**
- **Include Progress on Annual Goals – provide specific data collected with progress or regression documented**
- **Identify "WHAT WORKS" – Specially Designed Instruction - Specific Strategies, Supports and Instructional Methodologies, Assistive Technology, that support skill development and progress documented**
- **Describe the Impact of the Disability (Manifestations or characteristics of the disability observed in classroom and other settings)**
- **Organized into paragraphs with the following topic headings:**

#### **General Academic Information: PLP can be organized by skill areas - reading, writing, math, organization, motor, language/communication, etc.**

##### **EXPECTED RATE OF PROGRESS:**

- **INCLUDES CURRENT GRADES, EFFORT, MOTIVATION, ASSESSMENT IMPLICATIONS, LEARNING STYLES. ETC**

##### **FUNCTIONAL PERFORMANCE:**

- **INCLUDES: ORGANIZATION, TIME MANAGEMENT, PROBLEM SOLVING, ASKING FOR HELP [SELF-ADVOCACY], GENERATING IDEAS INDEPENDENTLY, WORKING IN TEAMS/GROUP ACTIVITIES**

**ACTIVITIES OF DAILY LIVING:** attention to task, following directions, use of assistive technology, following a routine/schedule

**COMMUNICATION/LANGUAGE:** verbal expression; receptive language

**READING:** consider strands of reading, data, strategies used to support skills

**WRITING:**

**MATH:**

##### **CAREER DEVELOPMENT/TRANSITION:**

- **MUST CLEARLY IDENTIFY/SUMMARIZE AT LEAST 2 TRANSITION ASSESSMENTS (noted in the evaluation results area)**
- **MUST PROVIDE SUPPORT FOR TRANSITION NEEDS & MEASURABLE POST SECONDARY GOALS**

##### **STUDENT STRENGTHS, PREFERENCES, INTERESTS: (Can use a bulleted list)**

- **Include student's academic & other strengths, preferences and interests; consider student's post-secondary goals, CDOS Skills**
- **Don't forget student voice!**

ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS OF THE STUDENT, **INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE**

**PARENT:** *(Can use a bulleted list)*

Identify student's specific skill deficits noted in the current performance areas noted in the PLP statement above – reflect data noted. Do not include statement such as – “needs to improve reading” – clearly describe the skill (decoding, fluency, comprehension etc.) There are no recommendations for services or management (strategies/supports) needs in this section.

Parent's / student's voice regarding student's needs/skill deficits clearly stated

- Provide parents with multiple opportunities to provide input
- Document multiple attempts to contact parent in student file (parent/teacher conferences, phone contact, e-mail, parent survey/questionnaire)
- If parent does not provide information or identify concerns – include a null statement: Parent does not identify any concerns at this time.

**SOCIAL DEVELOPMENT**

THE DEGREE (EXTENT) AND QUALITY OF THE STUDENT'S RELATIONSHIPS WITH PEERS AND ADULTS; FEELINGS ABOUT SELF; AND SOCIAL ADJUSTMENT TO SCHOOL AND COMMUNITY ENVIRONMENTS:

**\*Give examples of what specific behaviors look like (include data) and possible strategies that help the student.\***

Topics to address include:

- Student's relationship with adults and peers, social skills, ability to accept guidance or assistance from others
- Social – emotional skills: regulates emotions, behaviors, conversational skills, social manners, presentation skills (interview skills)
- Student's feelings of self, level of maturity – leadership abilities
- Self-determination, self – advocacy skills – seeks assistance, motivated, self-starter
- Language/Communication – conversational skills, manners, ability to express self, request assistance
- Preschool/Elementary: play skills, taking turns, sharing
- Ability to work on teams/collaborative activities
- Adjustment to School and Community – transitions across environments
- Impact of the disability on social development

STUDENT STRENGTHS: *(CAN USE BULLETED LIST)*

Identify the student's strengths, social skills, consider recreation and community experiences.

SOCIAL DEVELOPMENT NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:

*(Can use bulleted list)*

Identify the skills deficits as noted in the present level of ability.

Include the parent's voice relating to concerns noted.

## PHYSICAL DEVELOPMENT

THE DEGREE (EXTENT) AND QUALITY OF THE STUDENT'S MOTOR AND SENSORY DEVELOPMENT, HEALTH, VITALITY AND PHYSICAL SKILLS OR LIMITATIONS WHICH PERTAIN TO THE LEARNING PROCESS:

**Must complete this section –**

*Include information related to*

- overall health & physical development
  - CONSIDER INPUT FROM SCHOOL NURSE, PE TEACHER
- gross/fine motor skills – Do not include writing, cutting skills (academic related skills) in this section. Focus on the physical element, limitations
- sensory needs – tactile/touch, sound/hearing, taste/food, visual, physical/movement; ability to self-regulate or tolerate environment
- medical conditions – impact on educational performance physical limitations or endurance
- describe medical equipment (wheelchair, crutches, braces, AFO's, splints, etc.)
- describe the impact of medication (if consistently observed) on educational performance (do not identify medication by name)

STUDENT STRENGTHS:

*Consider student's health, fitness and nutritional status; attendance, recreational interests, participation in physical education, sports or extracurricular activities.*

PHYSICAL DEVELOPMENT NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:

*Include skill deficits/delay impacted by the student's disability; If disability does not impact this area – include null statement: No needs identified at this time; disability does not impact this area.*

*Parent/student concerns must also be included.*

## MANAGEMENT NEEDS

THE NATURE (TYPE) AND DEGREE (EXTENT) TO WHICH ENVIRONMENTAL AND HUMAN OR MATERIAL RESOURCES ARE NEEDED TO ADDRESS NEEDS IDENTIFIED ABOVE: **(Can use a bulleted list)**

*Include supports, strategies to be provided by the teachers, related services, and support staff*

- Nothing new goes here – should relate to strategies, instructional supports identified in above PLP areas
- Recommendations described should relate to the information (what works) and needs identified in the other PLP sections.

*Topic headings/consideration areas:*

- Environmental Resource Needs
  - adapted equipment/furniture, routine schedule, preferential seating (describe), additional transition time
- Human Resource Needs
  - adult supervision, guidance or assistance to provide support, strategies, accommodations noted in PLP
- Material Resource Needs
  - alternate instructional materials, assistive technology, graphic organizer, study guide/copy of notes; behavior intervention plan, evacuation plan, health care plan, etc...

**EFFECT OF STUDENT NEEDS ON INVOLVEMENT AND PROGRESS IN THE GENERAL EDUCATION CURRICULUM OR, FOR A PRESCHOOL STUDENT, EFFECT OF STUDENT NEEDS ON PARTICIPATION IN APPROPRIATE ACTIVITIES** (Discuss student's barriers to success in general education).

**MANIFESTATIONS OF DISABILITY IN GEN ED SETTING**

- Describe characteristics of disability observed consistently that impact the student's ability to access the curriculum, participate in classroom activities & show progress in the general ed setting
- Provides evidence for consideration of least restrictive environment
- Consider areas related to environment, instructional methodologies, content, materials and student's ability to demonstrate knowledge.

**STUDENT NEEDS RELATING TO SPECIAL FACTORS**

BASED ON THE IDENTIFICATION OF THE STUDENT'S NEEDS, THE COMMITTEE MUST CONSIDER WHETHER THE STUDENT NEEDS A PARTICULAR DEVICE OR SERVICE TO ADDRESS THE SPECIAL FACTORS AS INDICATED BELOW, AND IF SO, THE APPROPRIATE SECTION OF THE IEP MUST IDENTIFY THE PARTICULAR DEVICE OR SERVICE(S) NEEDED. **MUST ADDRESS ALL AREAS WITH EITHER YES/NO/NA see attachment 2 in Guide to Quality IEP Development and Implementation**

Does the student need strategies, including positive behavioral interventions, supports and other strategies to address behaviors that impede the student's learning or that of others? ☐ Yes ☐ No

Does the student need a behavioral intervention plan? ☐ No ☐ Yes: **DESCRIBE**

For a student with limited English proficiency, does he/she need a special education service to address his/her language needs as they relate to the IEP?

☐ Yes ☐ No ☐ Not Applicable

For a student who is blind or visually impaired, does he/she need instruction in Braille and the use of Braille? ☐ Yes ☐ No ☐ Not Applicable

Does the student need a particular device or service to address his/her communication needs? ☐ Yes ☐ No

In the case of a student who is deaf or hard of hearing, does the student need a particular device or service in consideration of the student's language and communication needs, opportunities for direct communications 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?

☐ Yes ☐ No ☐ Not Applicable

Does the student need an assistive technology device and/or service? ☐ Yes ☐ No If yes, does the Committee recommend that the device(s) be used in the student's home? ☐ Yes ☐ No

*Consider any devices/equipment identified in management section;*

**BEGINNING NOT LATER THAN THE FIRST IEP TO BE IN EFFECT WHEN THE STUDENT IS AGE 15 (AND AT A YOUNGER AGE IF DETERMINED APPROPRIATE)**

**MEASURABLE POSTSECONDARY GOALS**

LONG-TERM GOALS FOR LIVING, WORKING AND LEARNING AS AN ADULT

*Remember to:*

- *Use compliant wording:*
  - *Student's goal is to...*
  - *Student will...*
  - *Student shall...*
- *Identify what will happen after graduation – these are POST high school goals.)*
- *Only identify one goal per area (no "ors")*

**EDUCATION** (2 OR 4 YEAR DIPLOMA OUTCOME IN WHAT DEGREE AREA)/**TRAINING** (ON THE JOB TRAINING, COMMUNITY/ADULT EDUCATION, CERTIFICATE PROGRAM):

**EMPLOYMENT:** (COMPETITIVE OR SUPPORTED... BE AS SPECIFIC AS POSSIBLE ABOUT CAREER CHOICE... BUT ONLY 1 CHOICE... MULTIPLE OPTIONS LIST IN PLP WITH "TOP CHOICE" INDICATED HERE)

**INDEPENDENT LIVING SKILLS (WHEN APPROPRIATE):** (LIVE INDEPENDENTLY IN COMMUNITY; ATTAIN DRIVER'S LICENSE, COLLEGE DORM, SUPPORTED APARTMENT, GROUP HOME)

**TRANSITION NEEDS**

In consideration of present levels of performance, transition service needs of the student that focus on the student's courses of study, taking into account the student's strengths, preferences and interests as they relate to transition from school to post-school activities:

*Transition Needs relate to the student needs to address with the support of the school in order to achieve MPSGs*

- *Barriers to post secondary goals – consider skills related to self determination, advocacy or academic areas.*
- *Can make bulleted list of needs for this section*
- *All needs should be supported in coordinated activities*
- *At least one need must be supported by an annual goal*

*Course of study statement is narrative*

- *Should contain diploma &/or credential student is going to achieve & with participation in state/local assessments.*
- *Should list courses/instruction related to post-secondary goals*

*This will help you to determine Coordinated Set of activities and Annual Goals) needed for the coming year*

## MEASURABLE ANNUAL GOALS

THE FOLLOWING GOALS ARE RECOMMENDED TO ENABLE THE STUDENT TO BE INVOLVED IN AND PROGRESS IN THE GENERAL EDUCATION CURRICULUM, ADDRESS OTHER EDUCATIONAL NEEDS THAT RESULT FROM THE STUDENT'S DISABILITY, AND PREPARE THE STUDENT TO MEET HIS/HER POSTSECONDARY GOALS. **COLLABORATE WITH GENERAL EDUCATION TEACHERS, RELATED SERVICE PROVIDERS AND PARENTS.**

<b>ANNUAL GOALS</b> WHAT THE STUDENT WILL BE EXPECTED TO ACHIEVE BY THE END OF THE YEAR IN WHICH THE IEP IS IN EFFECT. <b>THE</b> <b>GOAL MUST BE MASTERED IN ONE YEAR.</b>	<b>CRITERIA</b> MEASURE TO DETERMINE IF GOAL HAS BEEN ACHIEVED	<b>METHOD</b> HOW PROGRESS WILL BE MEASURED	<b>SCHEDULE</b> WHEN PROGRESS WILL BE MEASURED
<p><i>Student will</i></p> <ul style="list-style-type: none"> <li><i>do what (Skill, behavior)</i></li> <li><i>to what extent-(anticipated level – relates to baseline identified in PLP)</i></li> <li><i>under what conditions (across settings, in a specific situation) or gives (graphic organizer, equipment, strategies, etc)</i></li> </ul> <p><i>Goals should be</i></p> <ul style="list-style-type: none"> <li><i>Reasonable in number – Average # of goals 3-5 per IEP</i></li> <li><i>Achievable in one year.</i></li> <li><i>The responsibility of all teachers to provide Instruction, monitoring (data collection &amp; support</i></li> <li><i>Team Goals - No service-specific goals (Ex. No OT, PT, or Speech goals)</i> <ul style="list-style-type: none"> <li><i>educationally based, not medically related.</i></li> </ul> </li> <li><i>Must correspond to need/skill deficit in PLP</i></li> <li><i>Must be skill-based, not activity-based or standards-based</i></li> <li><i>Must not be a Gen. Ed. expectation or curriculum-based required of all students. (i.e. attendance, homework)</i></li> </ul>	<p><i>How well or how often (do not use % of time or % of success)</i>  <b>AND</b>  <i>over what period of time student will perform skill/behavior to indicate mastery of skill. (must be possible to achieve in one year)</i>  <i>(do not use quarterly, over 10 months, by June..)</i></p>	<p><i>Identify the procedures or methods used to collect data to monitor progress.</i></p> <p><i>Must be tangible – charts, checklists, rubric, student work samples, teacher made tests, etc. (teacher observation is not tangible)</i></p>	<p><i>How often methods will be used to collect or review the data so progress can be monitored.</i></p> <p><i>Evaluation schedule should be frequent enough to allow adjustments to instruction and might be different for each goal.</i></p> <p><b>THIS IS NOT WHEN YOU REPORT PROGRESS TO PARENTS</b></p>

**ALTERNATE SECTION FOR STUDENTS WHOSE IEPs WILL INCLUDE SHORT-TERM INSTRUCTIONAL OBJECTIVES AND/OR BENCHMARKS  
(REQUIRED FOR PRESCHOOL STUDENTS AND FOR SCHOOL-AGE STUDENTS WHO MEET ELIGIBILITY CRITERIA TO TAKE THE NEW YORK STATE ALTERNATE ASSESSMENT)**

**MEASURABLE ANNUAL GOALS**

THE FOLLOWING GOALS ARE RECOMMENDED TO ENABLE THE STUDENT TO BE INVOLVED IN AND PROGRESS IN THE GENERAL EDUCATION CURRICULUM OR, FOR A PRESCHOOL CHILD, IN APPROPRIATE ACTIVITIES, ADDRESS OTHER EDUCATIONAL NEEDS THAT RESULT FROM THE STUDENT'S DISABILITY, AND, FOR A SCHOOL-AGE STUDENT, PREPARE THE STUDENT TO MEET HIS/HER POSTSECONDARY GOALS.

<b>ANNUAL GOAL</b> WHAT THE STUDENT WILL BE EXPECTED TO ACHIEVE BY THE END OF THE YEAR IN WHICH THE IEP IS IN EFFECT	<b>CRITERIA</b> MEASURE TO DETERMINE IF GOAL HAS BEEN ACHIEVED	<b>METHOD</b> HOW PROGRESS WILL BE MEASURED	<b>SCHEDULE</b> WHEN PROGRESS WILL BE MEASURED
<i>Same guidelines apply for annual goals as on previous page.</i>  <i>Goals must contain all components &amp; follow requirements, even when accompanied by benchmarks or objectives</i>	<i>Same guidelines apply for annual goals as on previous page.</i>	<i>Same guidelines apply for annual goals as on previous page.</i>	<i>Same guidelines apply for annual goals as on previous page.</i>

SHORT-TERM INSTRUCTIONAL OBJECTIVES AND/OR BENCHMARKS (INTERMEDIATE STEPS BETWEEN THE STUDENT'S PRESENT LEVEL OF PERFORMANCE AND THE MEASURABLE ANNUAL GOAL):

**NYSAA students & preschool students must have objectives/benchmarks for each goal**

**Objective:** *(task analysis) – identify sub-skills that will support the achievement of the annual goal; may be specific to a related service.*

**Benchmark:** *incremental steps of the same skill identified in the annual goal; may include decreasing levels of support with increasing levels of skill ability; timeline for progress.*

**Include 3-4 objectives or benchmarks for each goal developed.**

**REPORTING PROGRESS TO PARENTS**

Identify when periodic reports on the student's progress toward meeting the annual goals will be provided to the student's parents: **This is where you identify how often parents will receive progress reports on Annual Goals**



RECOMMENDED SPECIAL EDUCATION PROGRAMS AND SERVICES					
SPECIAL EDUCATION PROGRAM/SERVICES	SERVICE DELIVERY RECOMMENDATIONS*	FREQUENCY HOW OFTEN PROVIDED	DURATION LENGTH OF SESSION	LOCATION WHERE SERVICE WILL BE PROVIDED	PROJECTED BEGINNING/ SERVICE DATE(S)
<b>SPECIAL EDUCATION PROGRAM:</b> <i>Should <b>NOT</b> be filled in prior to CSE</i> <i>Drop down menu – special ed programs identified in regs: Preschool § 200.16/200.9 and school-age § 200.6</i>	<i>identify group size, native language, etc.</i>			<i>identify general ed. setting – specific academic area OR special ed. setting</i>	
<b>RELATED SERVICES:</b> <i>Drop down menu – not finite list; see definition § 200.1(qq)</i>					
<b>SUPPLEMENTARY AIDS AND SERVICES/PROGRAM MODIFICATIONS/ACCOMMODATIONS:</b> <i>Must correspond to PLP - Identify specific supports noted in Management: (teacher aide, preferential seating, verbal prompts, copy of student notes, note-taker, etc)</i> <b>Transition Considerations:</b> <i>- Are they increasing or decreasing student independence?</i> <i>- Are they available to student in post-school settings?</i> <i>- Is the student aware of them and able to advocate for them in all settings?</i>					
<b>ASSISTIVE TECHNOLOGY DEVICES AND/OR SERVICES:</b> <i>Include equipment noted in PLP &amp; Special Factors section – do not include medical equipment</i>					
<b>SUPPORTS FOR SCHOOL PERSONNEL ON BEHALF OF THE STUDENT: <i>services for staff</i></b> <i>(ex: training on specific disability such as autism, on assistive technology, behavior interventions, etc.)</i>					

\* Identify, if applicable, class size (maximum student-to-staff ratio), language if other than English, group or individual services, direct and/or indirect consultant teacher services or other service delivery recommendations.

**12-MONTH SERVICE AND/OR PROGRAM** – Student is eligible to receive special education services and/or program during July/August: ☐ No ☐ Yes **Cannot be left blank**

Services can be provided to students with disabilities who...

- Have intensive management needs
- Have severe multiple disabilities
- Are in home, hospital, or residential programs
- Require ongoing instruction to avoid substantial regression (as defined by NYSED ESY policy 2006)

If yes:

- ☐ Student will receive the same special education program/services as recommended above.  
OR  
☐ Student will receive the following special education program/services

SPECIAL EDUCATION PROGRAM/SERVICES	SERVICE DELIVERY RECOMMENDATIONS	FREQUENCY	DURATION	LOCATION	PROJECTED BEGINNING/ SERVICE DATE(S)
<i>Can be different from what was provided during school year.</i>					

Name of school/agency provider of services during July and August:

For a preschool student, reason(s) the child requires services during July and August:

**TESTING ACCOMMODATIONS** (TO BE COMPLETED FOR PRESCHOOL CHILDREN ONLY IF THERE IS AN ASSESSMENT PROGRAM FOR NONDISABLED PRESCHOOL CHILDREN):  
INDIVIDUAL TESTING ACCOMMODATIONS, SPECIFIC TO THE STUDENT'S DISABILITY AND NEEDS, TO BE USED CONSISTENTLY BY THE STUDENT IN THE RECOMMENDED EDUCATIONAL PROGRAM AND IN THE ADMINISTRATION OF DISTRICT-WIDE ASSESSMENTS OF STUDENT ACHIEVEMENT AND, IN ACCORDANCE WITH DEPARTMENT POLICY, STATE ASSESSMENTS OF STUDENT ACHIEVEMENT - DO NOT USE **DIRECTIONS READ** AS A TEST ACCOMMODATION UNLESS YOU KNOW SPECIFICALLY THAT DIRECTIONS WILL NOT BE READ TO THE STUDENT.

TESTING ACCOMMODATION	CONDITIONS*	IMPLEMENTATION RECOMMENDATIONS**
<input type="checkbox"/> NONE		
<i>Drop Down Menu – not a finite list</i>  <i>Refer to NYSED guide from May 2006</i> <u><a href="#">Test Access and Accommodations for Students with Disabilities</a></u>	<u><a href="#">When accommodation will be provided: (tests requiring extensive writing) – not as needed, when requested, or for specific tests (regents)</a></u>  <u><a href="http://www.p12.nysed.gov/specialed/policy/testaccess/policyguide.htm">www.p12.nysed.gov/specialed/policy/testaccess/policyguide.htm</a></u>	<u><a href="#">How accommodation will be provided; specific recommendations for implementation.</a></u> <i>(small group – not to exceed 5, 10 minute break for every 45 minutes of testing; repeat directions 3x)</i>

\*Conditions – Test Characteristics: Describe the type, length, purpose of the test upon which the use of testing accommodations is conditioned, if applicable.

\*\*Implementation Recommendations: Identify the amount of extended time, type of setting, etc., specific to the testing accommodations, if applicable.

**BEGINNING NOT LATER THAN THE FIRST IEP TO BE IN EFFECT WHEN THE STUDENT IS AGE 15 (AND AT A YOUNGER AGE, IF DETERMINED APPROPRIATE).**

<b>COORDINATED SET OF TRANSITION ACTIVITIES (MUST BE COMPLETED WITHIN THE DURATION OF THIS IEP)</b>		
<b>NEEDED ACTIVITIES TO FACILITATE THE STUDENT'S MOVEMENT FROM SCHOOL TO POST-SCHOOL ACTIVITIES</b>	<b>SERVICE/ACTIVITY</b>	<b>SCHOOL DISTRICT/ AGENCY RESPONSIBLE</b>
<b>Instruction</b> <i>Identify instruction student will be getting THIS YEAR (the year IEP is in effect) to support achievement of MPSGs</i>	<ul style="list-style-type: none"> <li><i><u>MUST</u> list activities for this one</i></li> <li><i><b>DO NOT USE DROP DOWN STATEMENTS</b></i>  <i>"Student will be provided the opportunity to..."</i></li> <li><i>List courses as related to MPSG'S</i></li> <li><i>Can be bulleted statements</i></li> </ul>	<i>MUST list district and role of person responsible</i>
<b>Related Services</b> <i>Identify what related services are going to be provided THIS YEAR and how they will support the transition plan.</i>	<ul style="list-style-type: none"> <li><i>Can be bulleted– at least one statement per service</i></li> <li><i>Should correspond to related service section</i></li> <li><i>Identify activity/skill that will be addressed that relates to MPSG</i></li> </ul> <i>If none then write... "Considered, not needed"</i>	<i>MUST list agency responsible if agency is paying for/providing service (agency must be invited to CSE with parent permission)</i>
<b>Community Experiences</b> <i>Describe any community-based experiences that will be provided to the student THIS YEAR</i>	<ul style="list-style-type: none"> <li><i>Consider job shadow for 11<sup>th</sup> /12<sup>th</sup> graders?</i></li> <li><i>School Clubs? Sports?</i></li> <li><i>Cannot be experiences that are not supported by the district (church, Boys/Girls club, etc...)</i></li> </ul> <i>If none then write... "Considered, not needed"</i>	
<b>Development of Employment and Other Post-school Adult Living Objectives</b> <i>Identify activities that school will provide student to support college/training, employment, and/or independent living goals.</i>	<ul style="list-style-type: none"> <li><i><u>MUST</u> list activities for this one</i></li> </ul> <i>Cannot be experiences that are not supported by the district (volunteer experiences, work obtained on their own)</i>	
<b>Acquisition of Daily Living Skills (if applicable)</b> <i>Identify activities to assist student in functional skills (Dressing, hygiene, self-care, health care, cooking, budgeting, etc.)</i>	<i>Think about - CDOS poster for skill areas in addition to traditional "life skills"</i> <i>Organization?</i> <i>Time management?</i> <i>If none then write... "Considered, not needed"</i>	

Functional Vocational Assessment (if applicable) <i>Only identified in this area if going to be done this school year. Should only identify Level 2 or Level 3 (more intensive assessment assessments, situational assessments that must be completed by trained individual)</i>	<i>Do NOT list Level I Assessments - State prefers the phrase "Considered, but not needed" for any of these 6 areas in which no activity is required"</i>	
---	---	--

### PARTICIPATION IN STATE AND DISTRICT-WIDE ASSESSMENTS

(TO BE COMPLETED FOR PRESCHOOL STUDENTS ONLY IF THERE IS AN ASSESSMENT PROGRAM FOR NONDISABLED PRESCHOOL STUDENTS)

- ☐ The student will participate in the same State and district-wide assessments of student achievement that are administered to general education students.
- ☐ The student will participate in an alternate assessment on a particular State or district-wide assessment of student achievement.  
Identify the alternate assessment:  
Statement of why the student cannot participate in the regular assessment and why the particular alternate assessment selected is appropriate for the student:  
*Include information specific to the student's needs related to eligibility criteria for the NYSAA –student's limited cognitive abilities combined with physical limitations. She is nonverbal and uses a picture communication device to communicate basic needs. She requires direct care for personal needs. Her chronological age is 12 but her instructional levels are at the Kindergarten level."*

### PARTICIPATION WITH STUDENTS WITHOUT DISABILITIES

REMOVAL FROM THE GENERAL EDUCATION ENVIRONMENT OCCURS ONLY WHEN THE NATURE OR SEVERITY OF THE DISABILITY IS SUCH THAT, EVEN WITH THE USE OF SUPPLEMENTARY AIDS AND SERVICES, EDUCATION CANNOT BE SATISFACTORILY ACHIEVED.

#### FOR THE PRESCHOOL STUDENT:

Explain the extent, if any, to which the student will not participate in appropriate activities with age-appropriate nondisabled peers (e.g., percent of the school day and/or specify particular activities):

#### FOR THE SCHOOL-AGE STUDENT:

Explain the extent, if any, to which the student will not participate in regular class, extracurricular and other nonacademic activities (e.g., percent of the school day and/or specify particular activities): *Consider exemption from requirement for instruction on CPR/AED – SED Field Advisory Nov. 2015*

If the student is not participating in a regular physical education program, identify the extent to which the student will participate in specially-designed instruction in physical education, including adapted physical education:

EXEMPTION FROM LANGUAGE OTHER THAN ENGLISH DIPLOMA REQUIREMENT: ☐ No ☐ Yes - The Committee has determined that the student's disability adversely affects his/her ability to learn a language and recommends the student be exempt from the language other than English requirement.

*Note: Consider student's post-secondary plans - Can limit college options*

### SPECIAL TRANSPORTATION

TRANSPORTATION RECOMMENDATION TO ADDRESS NEEDS OF THE STUDENT RELATING TO HIS/HER DISABILITY

☐ None.

☐ Student needs special transportation accommodations/services as follows:

*Consider:*

- *Special seating – e.g., near window, individual seat*
- *Vehicle and/or equipment needs – e.g., harness, lift*
- *Adult supervision or training*
- *Type of transportation – e.g., small bus, door to door, individual transport*
- *Other accommodations – e.g., permission to bring personal items or to use iPod on bus*

☐ Student needs transportation to and from special classes or programs at another site:

*Consider if student needs transportation from one site to another for services or programs to be provided.*

### PLACEMENT RECOMMENDATION

*The identification of placement must specify where the student's IEP will be implemented and should indicate the type of setting where the student will receive special education services.*

*For example:*

- *Public school district*
- *BOCES*
- *Approved private school or Special Act School District*
- *Home / Community Setting*