

BERRIEN REGIONAL EDUCATION SERVICE AGENCY

Individualized Education Program

STUDENT INFORMATION						
Date of Meeting	Date of Last IEP	Date of Last Evaluation	Birthdate	Ethnic Group	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Grade(s) during IEP
Student's Last Name			First Name	Initial	UIC #/File #	
Student's Home Address			City	State	Zip Code	Home Telephone
Parent/Guardian/Surrogate Last Name		First Name	Relationship to Student	Native Language / Mode of Communication Family Student		
Parent/Guardian/Surrogate Address (if different than student's)			Telephone Home/Work/Cell/Email			
Resident District			Operating District		Attending Building	

PURPOSE OF IEP MEETING

Purpose(s) of this IEP Team meeting is/are to discuss (check all applicable):

- Determining or reviewing eligibility
 Developing/Reviewing/Revising IEP
 Other: specify: _____

PARENT CONTACT

The parent(s)/guardian(s)/surrogate(s) were provided prior written notice of this meeting (including the purpose of this meeting and the roles of the participants) to ensure they have the opportunity to attend and participate.

By _____ Method of Contact _____ Date _____

By _____ Method of Contact _____ Date _____

IEP MEETING PARTICIPANTS AND ATTENDANCE

Signatures of the following individuals indicate attendance at this IEP meeting. Additional participant names should be documented and attached to this form.

Parent(s)/ Guardian(s)/ Surrogate(s): _____ Student: _____ Resident District Rep: _____ Operating District Rep: _____ Agency Rep: _____ (consent on file) MET Representative: _____ (MET Representative and IEP Team member who observed student are required participants when considering Specific Learning Disability.)	Special Education Teacher/Provider: _____ General Education: _____ Other: _____ Other: _____ Other: _____ Other: _____
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The Parent and the LEA agree that the attendance of a member listed below is not necessary because the member's area of curriculum or related service is not being modified or discussed in the meeting.

STUDENT ELIGIBILITY

Initial evaluation or most recent evaluation of the student was considered including state- and district-wide assessments.

This IEP team determines this student to be **ELIGIBLE** due to: OR **INELIGIBLE** (go to signature page)

- | | | |
|--|---|--|
| <input type="checkbox"/> Cognitive Impairment R340.1705 | <input type="checkbox"/> Other Health Impairment R340.1709a | <input type="checkbox"/> Autism Spectrum Disorder R340.1715 |
| <input type="checkbox"/> Emotional Impairment R340.1706 | <input type="checkbox"/> Speech & Language Impairment R340.1710 | <input type="checkbox"/> Traumatic Brain Injury R340.1716 |
| <input type="checkbox"/> Hearing Impairment R340.1707 | <input type="checkbox"/> Early Childhood Developmental Delay R340.1711 | <input type="checkbox"/> Deaf-Blindness R340.1717 |
| <input type="checkbox"/> Visual Impairment R340.1708 | <input type="checkbox"/> Specific Learning Disability R340.1713 (statement attached if ineligible) | |
| <input type="checkbox"/> Physical Impairment R340.1709 | <input type="checkbox"/> Severe Multiple Impairment R340.1714 | |

GOALS AND OBJECTIVES-BENCHMARKING / PROGRESS REPORT

Have the current annual goals and short-term objectives from the existing IEP been achieved? Yes No, explain what was not completed and what needs to be continued, or if appropriate, revised: _____

I. Evaluation	II. Criteria	III. Schedule	Status
A. Provider Assessment (PA)	A. Accuracy (____%)	A. Daily	1. Achieved/Maintained
B. Standard Assessment (SA)	B. Rate (ex. ____ out of ____ times)	B. Weekly	2. Progressing at expected rate
C. Observation/Data (OD)	C. Achievement Levels	C. Monthly	3. Progressing below expected rate (Explain)
D.	D.	D.	4. Not applicable during this grading period

Area of Need: _____ **Instructional Area (content area-strand/domain):** _____

Baseline data: _____ is currently _____ on _____

Annual Goal: _____

Staff Addressing Goal: _____ **Goal covers transition area(s):** _____ (When applicable)

Benchmark	
1. By the end ____ marking period of the _____, the student will _____ on _____.	(criteria) (assessment/evaluation)
2. By the end ____ marking period of the _____, the student will _____ on _____.	(criteria) (assessment/evaluation)
3. By the end ____ marking period of the _____, the student will _____ on _____.	(criteria) (assessment/evaluation)
4. By the end ____ marking period of the _____, the student will _____ on _____.	(criteria) (assessment/evaluation)

Student Progress Toward Annual Goal – Progress Report

Criteria: (%, grade level, rate, etc.)										

Date: _____

Goal Benchmark: _____

Student Progress Data: _____

Comments of Progress (Date and Initial)

Reporting Progress: Parents will be regularly informed in writing of progress on goals and objectives of this IEP. If this form is to be used as the progress reporting tool, the gains noted (unless otherwise stated) are considered sufficient for this student to meet his/her annual goals.
When will progress be reported? Every grading period Other:
How will progress be reported? By reproducing this page Other:

LEAST RESTRICTIVE ENVIRONMENT (LRE) CONSIDERATIONS/PARTICIPATION

(1) Yes No (explain): This student will fully participate with students who are non-disabled in the general education setting except for the time spent in separate special education programs/services provided outside of the general education classroom as specified in this IEP.

(2) Yes No (explain): This student will be fully involved in and progress in the general curriculum.

(3) Yes No (explain): This student will have the same opportunity as general education students to participate in nonacademic and extracurricular activities.

SUPPLEMENTARY AIDS AND SERVICES

- The IEP team has considered supplementary aids and services, program modifications, and supports for school personnel that will be provided for the student and determined none were needed.
- Before determining the need for supplementary aids and services, the IEP Team considered the need for positive behavior supports, Braille instruction, communication needs of student, language needs of students with limited English, and assistive technology.

Aids / Services / Program Modification / Support for School Personnel	Amount of Time/Frequency	Condition	Location/Setting

Exceptions, notes- All special education aids/services/supports listed above will begin on the initiation date of this IEP and continue for one calendar year, following the approved school district calendar. For exceptional beginning and end dates specify mm/dd/yy.

STUDENT'S PROGRAMS AND SERVICES

Name of Program/Service Rule #	Amount of Time/Frequency (Min/Hr) per (day/week/month)	Provider Name (Registry Purposes Only)	Location
R340._____			
R340._____			
R340._____			
R340._____			
R340._____			

(Registry Purposes Only)			
Total Hours in School Week	Total Hours in General Education	Total Hours in Special Education	Total Hours in special education outside general education classroom

Exceptions, notes- All programs and services listed above will begin on the initiation date of this IEP and continue for one calendar year, following the approved school district calendar. Extended school year (ESY) services, if determined appropriate by the IEP Team is an exception that must be specified. For exceptional beginning and end dates specify mm/dd/yy.

Departmentalized Program: Yes No

Endorsement, is there a need for a teacher with a particular endorsement? No Yes, specify: _____

Resource Program: Is a Teacher Consultant with endorsement matching the student's disability needed? No Yes, explain: _____

OTHER CONSIDERATIONS

Transportation: Is specialized transportation required? No Yes, specifics required: _____

Extended School Year: Rationale for extended school year services(s): _____

Reviewed identified student needs and progress toward goals determining ESY services are not needed.

Additional Comments (see attachment)

STATE/DISTRICT-WIDE ASSESSMENT

Choose how this student will participate in **statewide assessments**:

- Statewide assessments are not required for the grade level(s) covered by this IEP.
- This student will participate in statewide assessments needing: (*Choose one*)
 - No** accommodations or alternative assessments
 - Accommodations and/or alternate assessments (*Complete Needed Provisions*)

Choose how this student will participate in **districtwide assessments**:

- Districtwide assessments are not required for the grade level(s) covered by this IEP.
- This student will participate in districtwide assessments needing: (*Choose one*)
 - No** accommodations or alternative assessments
 - Accommodations and/or alternate assessments (*Complete Needed Provisions*)

If alternate assessments or accommodations are not listed below, the student will participate in required assessments without special provision.

STATEWIDE ASSESSMENTS

ASSESSMENT AND CONTENT AREA		NEEDED PROVISION	
Statewide Assessments	Alternate Assessment	Content Area	Assessment Accommodations*
<input type="checkbox"/> MEAP <input type="checkbox"/> MME-MI Component <input type="checkbox"/> MME-ACT <input type="checkbox"/> MME-Work Keys <input type="checkbox"/> ELPA	<input type="checkbox"/> MEAP-ACCESS <input type="checkbox"/> MI-ACCESS (<i>Choose level</i>) <input type="checkbox"/> Functional Independence <input type="checkbox"/> Supported Independence <input type="checkbox"/> Participation (Give rationale for alternate below)		
<input type="checkbox"/> MEAP <input type="checkbox"/> MME-MI Component <input type="checkbox"/> MME-ACT <input type="checkbox"/> MME-Work Keys <input type="checkbox"/> ELPA	<input type="checkbox"/> MEAP-ACCESS <input type="checkbox"/> MI-ACCESS (<i>Choose level</i>) <input type="checkbox"/> Functional Independence <input type="checkbox"/> Supported Independence <input type="checkbox"/> Participation (Give rationale for alternate below)		
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Rationale for Alternate Assessments:

* If nonstandard accommodations are provided, the student's score will be ineligible toward Michigan Merit Awards for the MME and college admissions from ACT. The ACT and Work Keys publishers reserve the right to determine appropriate accommodations for their assessments.

DISTRICTWIDE ASSESSMENTS

ASSESSMENT AND CONTENT AREA		NEEDED PROVISION	
Districtwide Assessments	Content Area	Alternate Assessment	Assessment Accommodations

Rationale for Alternate Assessments:

Dissenting report: Any participant in the committee's deliberations who disagrees, in whole or in part, with the committee's determination may indicate the reasons by submitting a written statement to be attached to the report.

Student Name _____

IEP Date _____

Page _____

ADDITIONAL COMMENTS