|  |  |  |
| --- | --- | --- |
| 1. **IEP Home**
 | **YES** | **NO** |
| 1. IEP dates (no more than 1 year from the date of the last IEP
 |  |  |
| * Contact log for documentation of attempts prior to IEP due date
 |  |  |
| 1. **IEP Team/Signatures**
 | **YES** | **NO** |
| 1. Signatures
* Parent, general education teacher, special education teacher, LEA, related service
* For students who are 14 or will be 14 before the duration of the IEP must also invite the student, transition liaison and community agency representative
* Written input name(s) provided if team members were excused with excusal form (an excusal is needed for the general education teacher, LEA and related service provider)
 |  |  |
| 1. Signature on procedural safeguards notice page
 |  |  |
| 1. **Special Considerations**
 | **YES** | **NO** |
| 1. Special consideration check if applicable for any items
 |  |  |
| 1. **Present Levels of Performance**
 | **YES** | **NO** |
| **Academic** |
| 1. Introductory paragraph
 |  |  |
| 1. Math/reading assessment with the date it was given, a clear explanation of the results, an instructional level listed and how the IEP will help the student if there is a deficiency**. Jerry Johns and a GMADE must be done.**
 |  |  |
| 1. Previous years assessment data
 |  |  |
| 1. If two assessments are given for either math or reading and there is a discrepancy between the two results, you MUST explain what level is the more accurate representation of the student’s ability
 |  |  |
| 1. Progress of previous academic annual goals
 |  |  |
| 1. State/Local assessment data
 |  |  |
| 1. Objective teacher observations
 |  |  |
| **Functional**  |
| 1. Information on where the student is currently functioning with adaptive skills
 |  |  |
| 1. All behavior data and progress toward goals
 |  |  |
| 1. All related service information and related service progress monitoring
 |  |  |
| **Postsecondary Transition (If student is 14 or will turn 14 before the duration of the IEP)** |
| 1. Transition assessments are named/dated and there is evidence that all post-secondary goal areas have been considered (updated annually).
 |  |  |
| 1. If a postsecondary area is not needed, documentation of why
 |  |  |
| 1. Include information regarding agency involvement
 |  |  |
| **Parental Concerns** |
| 1. Send parent input paper home and summarize results. Additionally, discuss with the parent(s), guardian(s) at the meeting and enter that information.
 |  |  |
| **Disability Affects** |
| 1. How does the information presented in the previous sections impact the student’s progress in the general education classroom? *Based on Eddie’s educational levels of performance, he demonstrates difficulties in the areas of reading and expressive language skills. In contrast, Eddie is progressing with his peers in the area of mathematics, science and social studies (when passages are read to him). Adaptations that appear to impact Eddie’s success in the classroom are direct instruction, multisensory techniques during reading, word banks, and directions broken down into single units with modeling and visual clues.*
 |  |  |
| **Strengths**  |
| 1. List the student’s strengths
 |  |  |
| **Academic, Developmental and Functional Needs** |
| 1. List each area of need (there should be a goal or SDI corresponding with these needs)
 |  |  |
| **Transition Services (If student is 14 or will turn 14 before the duration of the IEP)** | **YES** | **NO** |
| 1. Act 26 Questions are completed
 |  |  |
| 1. For students in Career and Technology Centers, CIP Code is entered
 |  |  |
| 1. Goals for education and training, employment and as needed, independent living
	* The “Yes” box is checked at the top of the grid to indicate that there is one or more measurable annual goal(s) related to the postsecondary goal.
	* Courses are listed and align with postsecondary goals
	* For each targeted postsecondary goal, the grid contains at least one service and one activity
	* If a postsecondary area is not targeted, “The IEP team has documented that a goal in this area is not needed at this time” is in the goal box and also reflected in the present levels.
 |  |  |
| 1. Evidence that the postsecondary goals are updated annually
 |  |  |
| **Participation in State Assessments** | **YES** | **NO** |
| 1. Documentation of IEP team decision regarding participation in statewide assessments (PSSA/Keystone Exams, ACCESS for ELLs, Alternate ACCESS for ELLs or PASA)
 |  |  |
| 1. If the student will participate in the PSSA/Keystone Exams, documentation of IEP team decision regarding participation with or without accommodations
 |  |  |
| 1. If the student will participate in PASA, an explanation of why that is appropriate and how it will be documented
 |  |  |
| 1. Indication of IEP team decision regarding participation in local assessments
	* If the student will participate, indicate with or without accommodations
 |  |  |
| 1. If the student will participate in an alternate local assessment, an explanation of why
 |  |  |
| **Annual Goals and Objectives** | **YES** | **NO** |
| 1. Include a condition, grade level, name, clearly defined behavior, criteria and a baseline
* Given, on this grade level, name, will do this, this well, this many times, as measured this often**. Must have a baseline!**
* **\*\*Do not put for 9 weeks or two quarters since this is an annual goal.**

*Given direct instruction in math concepts and applications on grade level 2, (Name) will solve 20 addition and subtraction problems using a calculator with 85% accuracy on weekly work samples for 3 consecutive trials. Current baseline is 67%* |  |  |
| 1. Description of how student progress toward meeting the goal will be measured.
 |  |  |
| 1. Description of when periodic reports on progress will be measured (Do not put as per district policy)
 |  |  |
| 1. Short term objectives (**These are required for students that take the PASA**)
 |  |  |
| 1. Baselines and goals are updated from the previous year
 |  |  |
| **Special Education/Related Services** | **YES** | **NO** |
| 1. Modification and SDIs must be specific. Some examples are listed below that are often not explained.
	* Adaptations/modifications for assessments must be specifically explained (one less choice given when there are four choices, three choices given when there are fill in the blank questions, etc.)
	* Preferential seating (away from windows to reduce distractions, away from the door to reduce distractions, etc.)
 |  |  |
| 1. Location for the modification/SDI
 |  |  |
| 1. Frequency- **Can no longer be daily, as per teacher discretion or as needed. This must be as specific as you possibly can be.**
 |  |  |
| 1. Related Service
	* Check none at this time or add your related service
 |  |  |
| 1. Supports for School Personnel must include the personnel to receive the support, support, location, frequency and dates
 |  |  |
| 1. A conclusion regarding student eligibility for ESY
	* Information or data reviewed by the IEP team to support the ESY decision. You must consider/include all 7 factors in the explanation.
 |  |  |
| 1. If ESY is appropriate, annual goals/short term objectives that will be addressed and grid is filled out.
 |  |  |
| **Educational Placement** | **YES** | **NO** |
| 1. Explanation of the extent, if any, to which the student will not participate with students without disabilities in the regular education class
 |  |  |
| 1. Explanation of the extent, if any, to which the student will not participate with students without disabilities in the general education curriculum
 |  |  |
| 1. Type of support by amount (itinerant, supplemental, full time)
 |  |  |
| 1. Type of special education supports (autistic support, emotional support, etc.) You can have more than one!
 |  |  |
| 1. Location of program
	1. If this is not the student’s home school explain why
 |  |  |
| **Reporting** | **YES** | **NO** |
| 1. Correct % (Take 390 minutes and subtract the amount of time that the student is in the special education classroom. Take that number and divide it by 60.
 |  |  |