

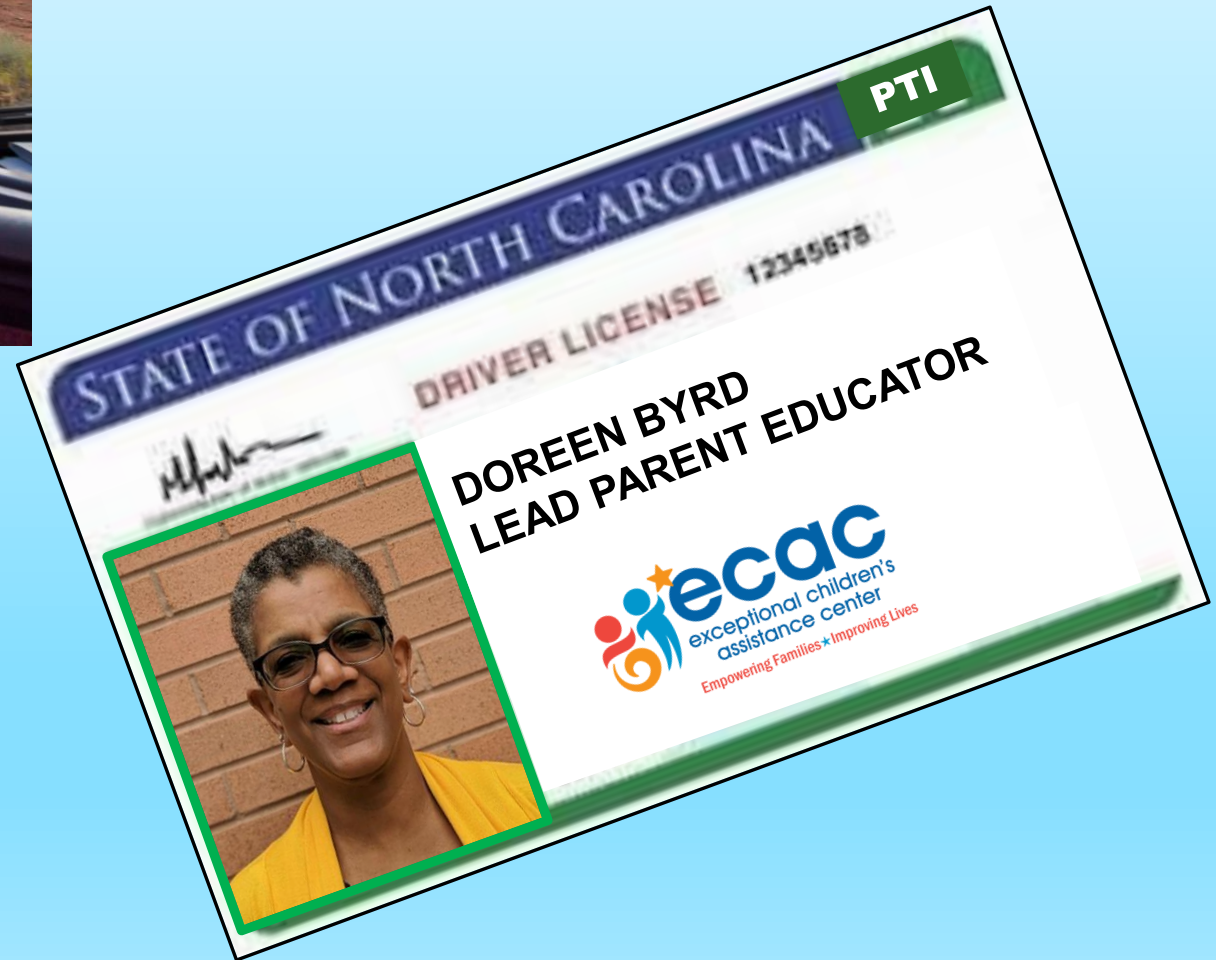
# IEP

## ROAD TRIP





**Who is Driving?**



**Where are we going?**

**How will we get there?**

**How long will it take?**

**Are we there yet?!**

**Frequently Asked Questions**



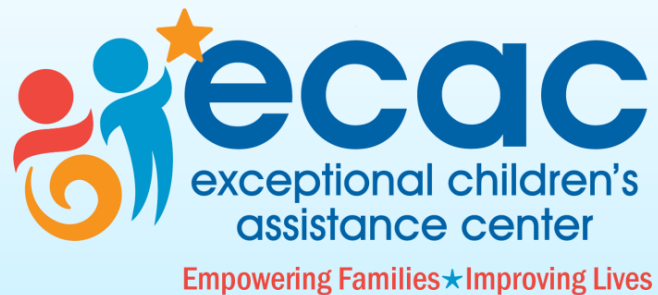


**Upon reaching our final destination, passengers will have a better understanding of special education terminology, the IEP process and will know how to prepare for and participate in IEP meetings.**





By parents for parents



NC's Parent Training & Information Center



Parent Education & Support

## Funded Partnerships include:



North Carolina Deaf Blind Project



North Carolina State Improvement Project (NCSIP)



North Carolina Infant Toddler Program



LENS-NC Learning for Equity: A Network for Solutions



Family to Family Health Information Center



STAR Program



**First in Flight**

**IEP-STANZ4**

**NORTH CAROLINA**





**SPECIAL  
EDUCATION  
PROCESS**



**Think of data  
as the fuel...**





# Data Drives the World!

## Types of Data

### Quantitative Data

- Typically numbers
- Answers the questions:
  - How much? How often?

### Qualitative Data

- Typically descriptions
- Answers the questions:
  - What is it like? What was observed?

- Data helps you be prepared to back up requests
- Plan on what you want to collect and why
- Have a method for collecting, organizing and sharing data
- Do you have an example of data collection that helped you be successful in advocating?





Individualized Education Program

Student:	Student UID#	DOB:
School:	Grade:	Age:
Primary Eligibility:	Secondary Eligibility:	

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Meeting Purpose:  Initial  Annual Review  Addendum

Meeting Date:	
From:	To:

**Student Profile**

Student's overall strengths that contribute to success in the educational environment:

[Empty text box for student strengths]

Parental concerns, if any, about their child's academic and functional performance

[Empty text box for parental concerns]

Parent /student's vision for the future: (Include, specifically, vision for after high school, if appropriate.)

[Empty text box for vision for the future]





### Present Level(s) of Academic and Functional Performance

Complete the current descriptive information by using norm-referenced, criterion-referenced, or any other valid data sources, as well as descriptive information for each of the relevant areas. Include current academic and functional performance, behaviors, social/emotional development, transition and other pertinent information. All areas assessed should be addressed and a determination made as to whether the data indicates an area is in need of specially designed instruction.

**AREA(S) IN NEED OF SPECIALLY DESIGNED INSTRUCTION (SDI)** must be addressed within the IEP (e.g. annual goals, accommodations, specially-designed instruction, behavior intervention plan, etc.)

Area(s) Assessed	Source of Relevant Information Include date of assessment and baseline data. Scores should be self-explanatory. If not, an explanation must be included.	AREA(S) IN NEED OF SDI Yes / No

Present Level of Performance:

Area(s) Assessed	Source of Relevant Information Include date of assessment and baseline data. Scores should be self-explanatory. If not, an explanation must be included.	AREA(S) IN NEED OF SDI Yes / No

Present Level of Performance:



Describe any relevant medical information:

Describe how the disability impacts involvement and progress in the general curriculum:

Consideration of Special Factors:	YES / NO	If yes, location in the IEP
Is the student an English Learner? Additional information:		
Does the student have any special communication needs? Additional information:		
Does the student require assistive technology devices or services? Additional information:		
Does the student require the instruction in or use of Braille? Additional information:		
Does the student have a documented hearing loss? If yes, the IEP Team has considered each of the following using the Communication Plan Worksheet: <ul style="list-style-type: none"> <li>○ The child's language and communication needs;</li> <li>○ Opportunities for direct communications with peers and professional personnel in the child's language and communication mode</li> <li>○ Academic level</li> <li>○ Full range of needs, including opportunities for direct instruction in the child's language; and</li> <li>○ Communication mode.</li> </ul> Additional information:		
Does the student have behavior(s) that impede his/her learning or that of others? If yes, how is behavior being addressed? <ul style="list-style-type: none"> <li>○ Behavior Intervention Plan (BIP)</li> <li>○ Behavior goal(s)</li> <li>○ Accommodations</li> </ul> Additional information:		





Individualized Education Program

Does the student require Adapted Physical Education (APE)?  Yes  No  
Is the student following the Extended Content Standards?  Yes  No

**Additional Parent Concerns**  Yes  No  
*If parent(s) express additional concerns after discussion of Present Level / Data Review and Special Factors, return to page one and record their concerns.*

**Supports for academic, functional, personal changes or circumstances (if applicable):**  
What information is known about the student that will assist in developing an individualized education program?  Not applicable at this time

[Empty text box for providing information]

**Secondary Transition**

The student is 14 years or older or will be during the duration of the IEP:  Yes  No

**The following people provided information about the student's needs, strengths, preferences and interests and course of study selection:**

- Student
- Parent(s), Guardian(s), and Family Members
- School Staff
- Adult Service Agency Representative: (specify)
- Other: (explain)

**Course(s) of Study:**  
Complete beginning at age 14 (or 8<sup>th</sup> grade) and updated annually.

- Future Ready Core Course of Study: Leading to a NC Diploma
- Future Ready Occupational Course of Study: Leading to a NC Diploma
- Extended Content Standards: Leading to Graduation Certificate

Complete beginning at age 16 (or earlier, as appropriate) and updated annually.

**Postsecondary Goals and Supports:**  
Postsecondary goals are based upon age appropriate transition assessments as described in the present level of academic and functional performance. Indicate any activities and/or supports needed to assist student in making progress towards postsecondary goals (after high school) during the span of this IEP and the person (people) responsible for assuring these activities and/or supports are achieved.

Postsecondary Goals	
Education/Training	After high school, [Student] will:
Employment	After high school, [Student] will:

C: EC File, Parent/Guardian

Student ID#:







Specific Area of Need				
Observable Skills/Behavior	Criteria for Mastery	Method of Measuring Progress	Assistive Technology (y/n)	Related to Transition Goals (y/n)

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Specific Area of Need				
Observable Skills/Behavior	Criteria for Mastery	Method of Measuring Progress	Assistive Technology (y/n)	Related to Transition Goals (y/n)





Least Restrictive Environment

**Description of Specially Designed Instruction and Related Services**

Indicate the least restrictive environment in which the student can achieve the goal(s).

**Specially Designed Instruction:**

Service	Amount of Time in Minutes	Frequency	Location	Duration	
				Begin	End

**Services:**

Amount of Time in Minutes	Frequency	Location	Duration		Service Type
			Begin	End	
					<input type="checkbox"/> Goal <input type="checkbox"/> Supplemental Aids/Services Accommodations/Modifications
					<input type="checkbox"/> Goal <input type="checkbox"/> Supplemental Aids/Services Accommodations/Modifications
					<input type="checkbox"/> Goal <input type="checkbox"/> Supplemental Aids/Services Accommodations/Modifications
					<input type="checkbox"/> Goal <input type="checkbox"/> Supplemental Aids/Services Accommodations/Modifications
					<input type="checkbox"/> Goal <input type="checkbox"/> Supplemental Aids/Services Accommodations/Modifications

Transportation is required as a related service.

Describe special transportation services.

Empty text box for describing special transportation services.





**ECATS** Individualized Education Program

**Supplemental Aids/Services/Accommodations/Modifications:**

In the space provided, list the subject/activity area in which the student will participate and the supplemental aids, supports, modification, and/or accommodations required (if applicable) to access the **general curriculum** and make progress toward meeting annual goals. If supplemental aids/services, modifications/accommodations and/or assistive technology will be provided in **special education** classes, include in the table below.

Specific Area(s) of Need	Supplemental Aids/Services Accommodations/Modifications	Implementation Specifications	Implementation Subject/Activity Areas

If the student is in preschool, describe how the student is involved in the general education program.  NA


**Supports for school personnel:**  
Describe consultation and/or training for school staff to meet the unique needs of the student.





**State and District-wide Testing:**

For each subject tested in the child's grade, choose the method of assessment below. If "with accommodations" is chosen for any subject, provide description of the accommodations for each subject in the right columns. Alternate Assessment, if chosen, must apply to all tests taken.

Statewide Test	District Test	Testing Method	Accommodations	Specifications
		<input type="checkbox"/> Standard Administration <input type="checkbox"/> With Accommodations <input type="checkbox"/> Alternate Assessment		
		<input type="checkbox"/> Standard Administration <input type="checkbox"/> With Accommodations <input type="checkbox"/> Alternate Assessment		
		<input type="checkbox"/> Standard Administration <input type="checkbox"/> With Accommodations <input type="checkbox"/> Alternate Assessment		
		<input type="checkbox"/> Standard Administration <input type="checkbox"/> With Accommodations <input type="checkbox"/> Alternate Assessment		

**Alternate Assessment Justification**

If the student is participating in any alternate assessment(s), explain why the regular testing program, with or without accommodations, is not appropriate, and why the assessment is appropriate:

**Least Restrictive Environment Justification**

If the student will be removed from nondisabled peers for any part of the day, explain why the services cannot be delivered with nondisabled peers with the use of supplemental aids and services.

N/A The student will not be removed from nondisabled peers.





**Finally! We Made It!**



Individualized Education Program

**Progress Reports:**

Progress Reports on IEP goals will be issued in accordance with school report card schedule. (If the IEP team determines that more frequent progress reports are needed, indicate the schedule below:)

**Extended School Year Status:**

ESY worksheet must be completed.

- Is not eligible for extended school year based on current data
- Is eligible for extended school year
- Eligibility is under consideration and will be determined by:

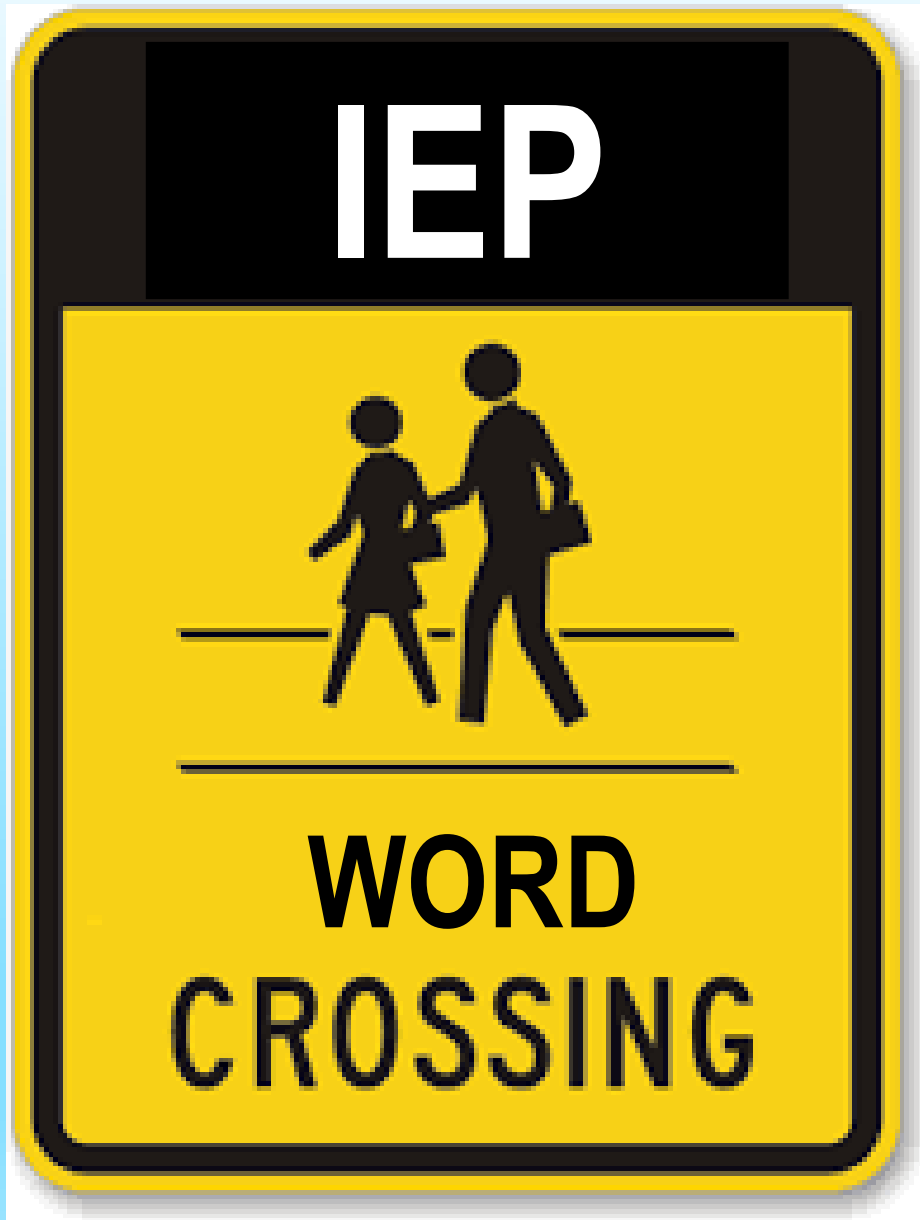
**IEP Team Participants**

The following individuals were present and participated in the IEP Team decision. (A Request to Excuse Required IEP Team Member(s) has been obtained if any of the below participants are identified as excused. Note with an asterisk (\*) any team member who used alternative means to participate.)

Name	Position	Date
	Parent/Guardian/Student	
	Parent/Guardian/Student	
	LEA Representative	
	Special Education Teacher	
	General Education Teacher	
	Interpreter of Instructional Implications of Evaluations	







Questions

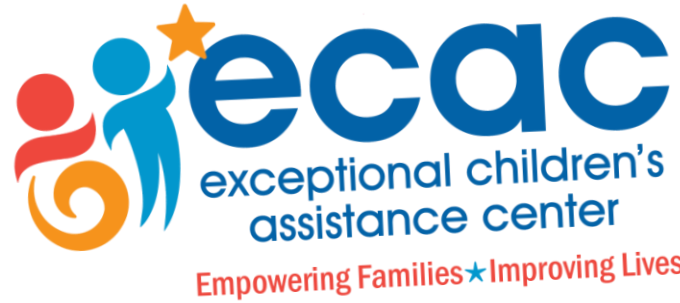






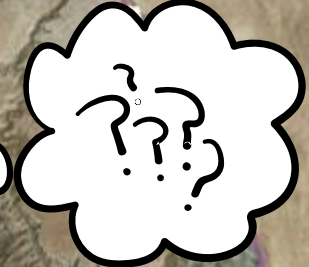
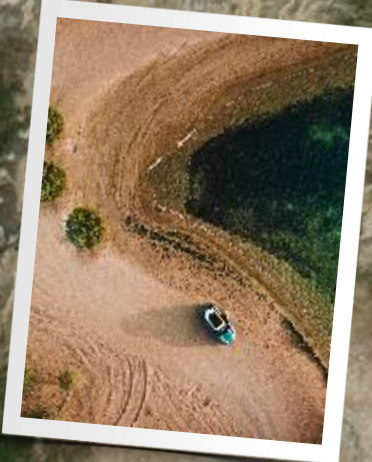
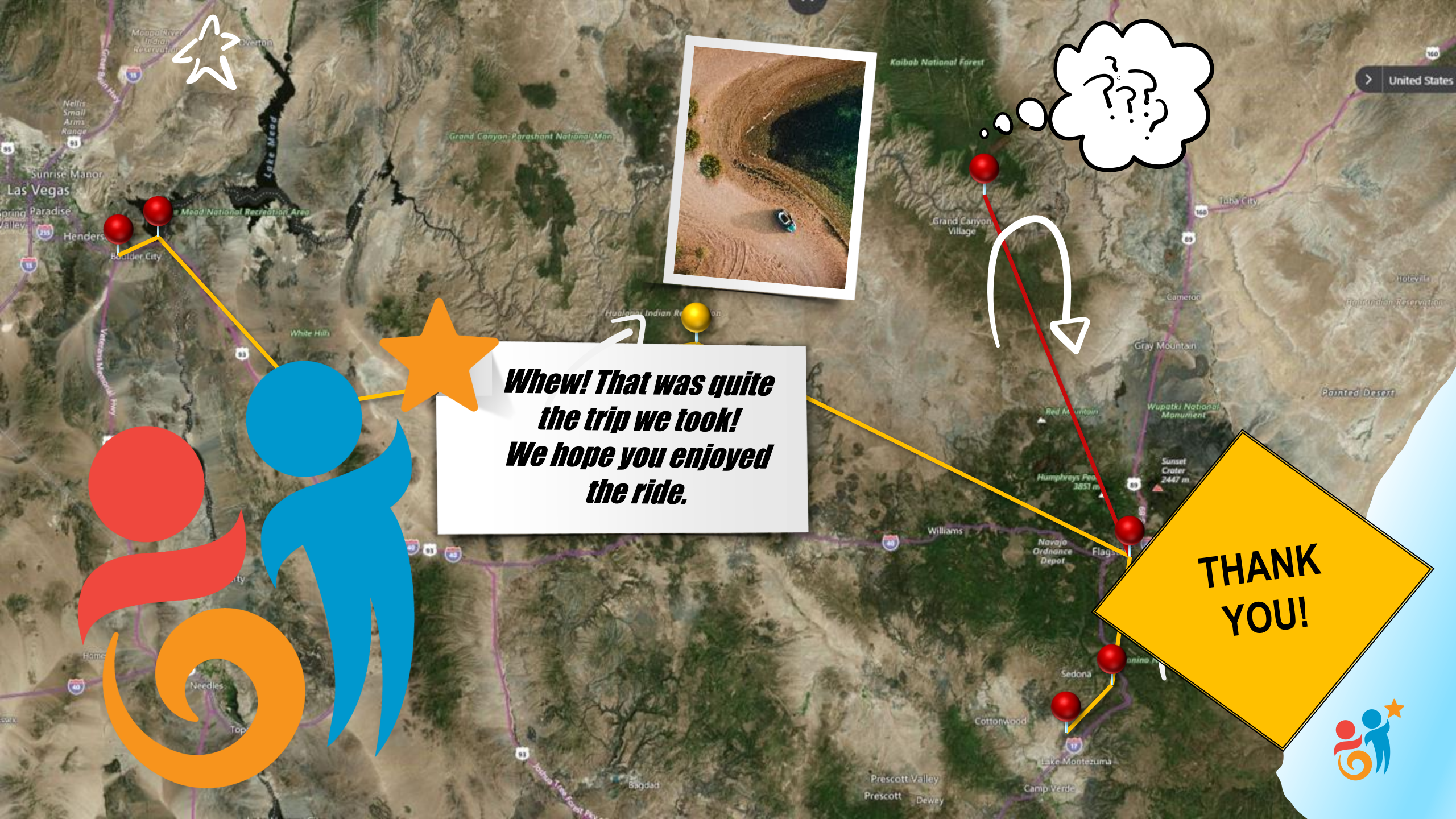
**How's Our Driving?  
1-800-962-6817**





[www.ecac-parentcenter.org](http://www.ecac-parentcenter.org)





***Whew! That was quite the trip we took!  
We hope you enjoyed the ride.***

**THANK YOU!**

