

## Individualized Education Program Template Including Remote Learning Strategies

As schools prepare for the start of the 2020-21 school year, special educators are increasingly needing to represent remotely-delivered supports and services within an Individualized Education Program (IEP). This template is a model that schools are encouraged to use when adding IEP content about how support services will be delivered in a remote learning environment. Newly added sections related to remote learning can be found highlighted on pages 11 and 15 of this document.

**School District:**

**Annual Meeting Date:**

**IEP Case Manager:**

**Effective date of Revision:**

**Next 3-year Re-evaluation Date:**

**Next Annual Review Date:**

**Student/Child's Name:**

**Date of Birth:**

**Disability Category:**

**Child Count ID #:**

**School or Program:**

**Grade Assigned:**

**Parent/Guardian:**

**Telephone #:**

**Address:**

**Initiation and Duration of the IEP:**

**Initiation and Duration of Extended Year:**

— to —

### Contact Information:

If you have questions about this document or would like additional information, please contact:  
Ana Kolbach, Student Support Services, at [Ana.Kolbach@vermont.gov](mailto:Ana.Kolbach@vermont.gov)

**IEP Team Members****Printed Name/Position/Agency (check box if in attendance)**

Name:

 Parent(s)/Guardian/Surrogate/Adult Student (circle one)

Name:

 Student (when appropriate)

Name:

 Local Education Agency (LEA) Representative

Name:

 Special Education Teacher or Service Provider

Name:

 General Education Teacher

Name:

 Individual who can interpret the instructional implications of evaluation results

Name:

 Individual who can conduct diagnostic Examinations (SLD requirement)**Others with Knowledge of the Child****Position/Agency**

Name:

Name:

Name:

**Contact Information:**

If you have questions about this document or would like additional information, please contact:  
Ana Kolbach, Student Support Services, at [Ana.Kolbach@vermont.gov](mailto:Ana.Kolbach@vermont.gov)

# Individualized Education Program

## Present Levels of Educational and Functional Performance

Student Name:

IEP Meeting Date:

**DISABILITY/IMPACT ON STUDENT LEARNING:** *(Identify the disability and areas of impact, e.g academic, social-emotional, behavioral)*

**MEDICAL:** *(Health, vision, hearing or other medical issues)*

**STUDENT STRENGTHS:** *(Academic, social-emotional, personal interests, perceptual-motor, communication, environment)*

**STUDENT NEEDS:** *(Academic, social-emotional, perceptual-motor, communication, environment)*

**OTHER CONSIDERATIONS:** *(Areas to consider that could enhance the child's education: safety/health; future, opportunity for additional student or family input, mobility, transportation, disability awareness, self-advocacy needs)*

Student Name:

IEP Meeting Date:

**Present Level of Educational/Functional Performance for the Area of:**

**Subject SE:**

**Standardized Test Results:**

**Current Classroom Level of Educational Performance:**

**Current Classroom Level of Functional Performance:**

**Grade Expectation for Educational/Functional Performance:**

**Measurable annual goals, short-term Objectives, Benchmarks, Evaluation Procedures and Personnel Responsible**

**Subject SE:**

**Goal 1:**

Observation/Demonstration by

\_\_/\_\_/\_\_ Progress:                       \_\_/\_\_/\_\_ Progress:                       \_\_/\_\_/\_\_ Progress:

Objective 1.1:

Observation/Demonstration by

\_\_/\_\_/\_\_ Progress:                       \_\_/\_\_/\_\_ Progress:                       \_\_/\_\_/\_\_ Progress

Objective 1.2:

Observation/Demonstration by

\_\_/\_\_/\_\_ Progress:                       \_\_/\_\_/\_\_ Progress:                       \_\_/\_\_/\_\_ Progress:

Objective 1.3:

Observation/Demonstration by

\_\_/\_\_/\_\_ Progress:                       \_\_/\_\_/\_\_ Progress:                       \_\_/\_\_/\_\_ Progress:

**Goal 2:**

Observation/Demonstration by

\_/\_/\_ Progress:

\_/\_/\_ Progress:

\_/\_/\_ Progress:

Objective 2.1:

Observation/Demonstration by

\_/\_/\_ Progress:

\_/\_/\_ Progress:

\_/\_/\_ Progress:

Objective 2.2:

Observation/Demonstration by

\_/\_/\_ Progress:

\_/\_/\_ Progress:

\_/\_/\_ Progress:

Objective 2.3:

Observation/Demonstration by

\_/\_/\_ Progress:

\_/\_/\_ Progress:

\_/\_/\_ Progress:

Progress Review Dates Code: **A** – Achieved the goal/objective as written; **S** – Sufficient progress on objective is being made; likely to achieve this goal; **E** – Emerging progress on the objective, continuing to work towards the goal; **N** – Objective/goal not yet introduced. Present Level of Educational/Functional Performance for the Area of:

**Subject SE:**

**Standardized Test Results:**

**Current Classroom Level of Educational Performance:**

**Current Classroom Level of Functional Performance:**

**Grade Expectation for Educational/Functional Performance:**

**Measurable annual goals, short-term Objectives, Benchmarks, Evaluation Procedures and Personnel Responsible**

**Subject SE:**

**Goal 1:**

Observation/Demonstration by

\_/\_/\_ Progress:

\_/\_/\_ Progress:

\_/\_/\_ Progress:

Objective 1.1:

Observation/Demonstration by

\_/\_/\_ Progress:

\_/\_/\_ Progress:

\_/\_/\_ Progress:

Objective 1.2:

Observation/Demonstration by

\_/\_/\_ Progress:

\_/\_/\_ Progress:

\_/\_/\_ Progress:

**Goal 2:**

Observation/Demonstration by

\_/\_/\_ Progress:

\_/\_/\_ Progress:

\_/\_/\_ Progress:

Objective 2.1:

Observation/Demonstration by

\_/\_/\_ Progress:

\_/\_/\_ Progress:

\_/\_/\_ Progress:

Objective 2.2:

Observation/Demonstration by

\_/\_/\_ Progress:

\_/\_/\_ Progress:

\_/\_/\_ Progress:

Objective 2.3:

Observation/Demonstration by

\_/\_/\_ Progress:

\_/\_/\_ Progress:

\_/\_/\_ Progress:

**Goal 3:**

Observation/Demonstration by

\_\_/\_\_/\_\_ Progress:

\_\_/\_\_/\_\_ Progress:

\_\_/\_\_/\_\_ Progress:

Objective 3.1:

Observation/Demonstration by

\_\_/\_\_/\_\_ Progress:

\_\_/\_\_/\_\_ Progress:

\_\_/\_\_/\_\_ Progress:

Objective 3.2:

Observation/Demonstration by

\_\_/\_\_/\_\_ Progress:

\_\_/\_\_/\_\_ Progress:

\_\_/\_\_/\_\_ Progress:

Objective 3.3:

Observation/Demonstration by

\_\_/\_\_/\_\_ Progress:

\_\_/\_\_/\_\_ Progress:

\_\_/\_\_/\_\_ Progress:

Progress Review Dates Code: **A** – Achieved the goal/objective as written; **S** – Sufficient progress on objective is being made; likely to achieve this goal; **E** – Emerging progress on the objective, continuing to work towards the goal; **N** – Objective/goal not yet introduced.

**Present Level of Educational/Functional Performance for the Area of:**

**Subject SE: Writing**

**Standardized Test Results:**

**Current Classroom Level of Educational Performance:**

**Current Classroom Level of Functional Performance:**

**Grade Expectation for Educational/Functional Performance:**

**Measurable annual goals, short-term Objectives, Benchmarks, Evaluation Procedures and Personnel Responsible**

**Subject SE: Writing**

**Goal 1:**

Observation/Demonstration by

\_\_/\_\_/\_\_ Progress:

\_\_/\_\_/\_\_ Progress:

\_\_/\_\_/\_\_ Progress:

Objective 1.1:

Observation/Demonstration by

\_\_/\_\_/\_\_ Progress:

\_\_/\_\_/\_\_ Progress:

\_\_/\_\_/\_\_ Progress:

Objective 1.2:

Observation/Demonstration by

\_\_/\_\_/\_\_ Progress:

\_\_/\_\_/\_\_ Progress:

\_\_/\_\_/\_\_ Progress:

Objective 1.3:

Observation/Demonstration by

\_\_/\_\_/\_\_ Progress:

\_\_/\_\_/\_\_ Progress:

\_\_/\_\_/\_\_ Progress:

**Goal 2:**



Observation/Demonstration by

\_\_/\_\_/\_\_ Progress:

\_\_/\_\_/\_\_ Progress:

\_\_/\_\_/\_\_ Progress:

Objective 2.1:

Observation/Demonstration by

\_\_/\_\_/\_\_ Progress:

\_\_/\_\_/\_\_ Progress:

\_\_/\_\_/\_\_ Progress:

Objective 2.2:

Observation/Demonstration by

\_\_/\_\_/\_\_ Progress:

\_\_/\_\_/\_\_ Progress:

\_\_/\_\_/\_\_ Progress:

Objective 2.3:

Observation/Demonstration by

\_\_/\_\_/\_\_ Progress:

\_\_/\_\_/\_\_ Progress:

\_\_/\_\_/\_\_ Progress:

Progress Review Dates Code: **A** – Achieved the goal/objective as written; **S** – Sufficient progress on objective is being made; likely to achieve this goal; **E** – Emerging progress on the objective, continuing to work towards the goal; **N** – Objective/goal not yet introduced

# Individualized Education Program

## Special Education Services, Related Services, Consent to Bill Medicaid

Student Name:

IEP Meeting Date:

The initial plan for this student is:

Fully In-Person

Remote and In-Person Hybrid

Fully Remote

This contingency plan for this student is:

Fully In-Person

Remote and In-Person Hybrid

Fully Remote

### Special Education Services

Special Education Service Type: \_\_\_\_\_

Initial Date:

Frequency:

Mode of Delivery:

End Date:

Time:

Provider:

Group Size:

Special Education Service Type: \_\_\_\_\_

Initial Date:

Time:

Attendees:

End Date:

Mode of

Parent Name:

Group Size:

Delivery:

Teacher Name:

Frequency:

Provider:

Special Education Service Type: \_\_\_\_\_

Initial Date:

Time:

Provider:

End Date:

Mode of

Group Size:

Frequency:

Delivery:

### Related Services

Related Service Type: \_\_\_\_\_

Initial Date:

Time:

Provider:

End Date:

Mode of

Group Size:

Frequency:

Delivery:

Related Service Type: \_\_\_\_\_

Initial Date:

Time:

Group Size:

End Date:

Mode of Delivery:

Frequency:

Provider:

Related Service Type: \_\_\_\_\_

Initial Date:

Time:

Provider:

End Date:

Mode of

Group Size:

Frequency:

Delivery:

### Transition Services

Transition Service Type: \_\_\_\_\_

Initial Date:

Frequency:

Mode of

End Date:

Time:

Delivery:

Provider:

Group Size:

<b>Transition Service Type:</b> _____		
<b>Initial Date:</b>	<b>Time:</b>	<b>Provider:</b>
<b>End Date:</b>	<b>Mode of</b>	<b>Group Size:</b>
<b>Frequency:</b>	<b>Delivery:</b>	

<b>Extended Year Services (ESY)</b>		
<b>Extended School Year Service Type:</b> _____		
<b>Initial Date:</b>	<b>Time:</b>	<b>Provider:</b>
<b>End Date:</b>	<b>Mode of</b>	<b>Group Size:</b>
<b>Frequency:</b>	<b>Delivery:</b>	

<b>Extended School Year Service Type:</b> _____		
<b>Initial Date:</b>	<b>Time:</b>	<b>Provider:</b>
<b>End Date:</b>	<b>Mode of</b>	<b>Group Size:</b>
<b>Frequency:</b>	<b>Delivery:</b>	

<b>Remote Learning Services</b>		
<b>Remote Learning Service Type:</b> _____		
<b>Initial Date:</b>	<b>Time:</b>	<b>Group Size:</b>
<b>End Date:</b>	<b>Mode of Delivery:</b>	
<b>Frequency:</b>	<b>Provider:</b>	

<b>Remote Learning Service Type:</b> _____		
<b>Initial Date:</b>	<b>Time:</b>	<b>Group Size:</b>
<b>End Date:</b>	<b>Mode of Delivery:</b>	
<b>Frequency:</b>	<b>Provider:</b>	

<b>Remote Learning Service Type:</b> _____		
<b>Initial Date:</b>	<b>Time:</b>	<b>Group Size:</b>
<b>End Date:</b>	<b>Mode of Delivery:</b>	
<b>Frequency:</b>	<b>Provider:</b>	

<b>Remote and In-Person Hybrid Learning Services</b>		
<b>Remote and In-Person Hybrid Service Type:</b> _____		
<b>Initial Date:</b>	<b>Time:</b>	<b>Group Size:</b>
<b>End Date:</b>	<b>Mode of Delivery:</b>	
<b>Frequency:</b>	<b>Provider:</b>	

<b>Remote and In-Person Hybrid Service Type:</b> _____		
<b>Initial Date:</b>	<b>Time:</b>	<b>Group Size:</b>
<b>End Date:</b>	<b>Mode of Delivery:</b>	
<b>Frequency:</b>	<b>Provider:</b>	

<b>Remote and In-Person Hybrid Service Type:</b> _____		
<b>Initial Date:</b>	<b>Time:</b>	<b>Group Size:</b>
<b>End Date:</b>	<b>Mode of Delivery:</b>	
<b>Frequency:</b>	<b>Provider:</b>	

**Parental Consent to Bill Medicaid:**

For parents and legal guardians who have signed a Release of Information form, the school district is authorized to bill Medicaid for the services listed in this Individualized Education Program and to release any necessary special education records to a physician/nurse practitioner in order for them to reach a determination that the services are medically necessary. Release of information is also granted to Agency of Education and Human Services personnel charged with processing Medicaid billing for those IEP services that are also considered medical services under Vermont Medicaid rules. This consent will remain in effect until consent is revoked or until the student reaches the age of 18 (at which time consent must be obtained from the student) or when the student graduates. Refusal to consent does not affect the school district’s responsibility to provide these services to the student at no cost to the family. I understand that I may revoke consent at any time and when I revoke consent it will apply to billing for any services from that date forward.

\_\_\_\_\_  
Parent/Guardian(s) Signature

\_\_\_\_\_  
Date

## Individualized Education Program

### Educational Environment/Placement, Accommodations/Modifications for Assessments

Student Name:

IEP Meeting Date:

**If the student cannot participate full-time with non-disabled children in the general education class, extracurricular or other non-academic activities explain why full participation is not possible:**

**Description of the student/child's educational environment/placement:**

**The general characteristics of the student/child's educational environment/placement (check one, ages 6-21):**

- Inside regular class at least 80% of the time
- Inside regular class 40% to 79% of the time
- Inside regular class less than 40% of the time
- Separate day school – public or private
- Residential facility
- Homebound/Hospital

**The general characteristics of the child's educational environment/placement (ages 3-5):**

- Child is attending a regular early childhood program 10 or more hours per week.
  - and receives at least 50% of their special education services in the regular early childhood program
  - and receives at least 50% of their special education services in some other location
- Child is attending a regular early childhood program less than 10 hours per week
  - and receives at least 50% of their special education services in the regular early childhood program
  - and receives at least 50% of their special education services in some other location
- Child is not attending a regular early childhood program and receives special education services in:
  - a separate special class
  - a separate school
  - a residential facility
  - their home
  - the service provider's location or another location

**Accommodations, Modifications and Supplementary Aids**

**State-level assessment (please check appropriate box or boxes):**

- The team has determined that the student will be taking the on-level State assessment with no accommodations, modifications or supplementary aids.
- The team has determined that the student will be taking the on-level State assessment with the approved accommodations, modifications or supplementary aids identified below.
- The student's educational team has completed the required eligibility form(s) and has determined that the student will participate in the alternate assessment based on alternate achievement standards (AA-AAS). Check all that apply.
- English Language Arts (grades 3-8, 11)
  - Mathematics (grades 3-8, 11)
  - Science (grades 5, 8, 11)
  - Physical Education (grades 4,7, 9)

**Identify the accommodations, modifications and supplementary aids and services needed to participate in national, state, district-wide, and school assessments:**

**Testing/Assessments**

**Program Modifications/Supports for the Student, School Personnel and Parents as well as Other Options Considered by the IEP Team**

Student Name:

IEP Meeting Date:

**Identify other accommodations, modifications, or supplementary aids (such as extended time, assistive technology, peer tutors) and services needed for the student:**

Academics:

**In- Person Classroom Environment:**

**Remote and In-Person Hybrid Environment:**

**Remote Classroom Environment:**

The IEP Team has determined that the student is eligible for the supports of Accessible Instructional Materials which have met the National Instructional Materials Accessibility Standards for print disabilities.

**Identify the program modifications or supports that will be provided for school personnel and parents to implement the IEP:**

**Other Options Considered (include reasons why they were not included):**