

Form #5 - Individualized Education Program (IEP)

School district: _____ Annual meeting date: ___/___/___

IEP case manager: _____ Effective date of revision: ___/___/___

Most recent evaluation date: ___/___/___ 3-year re-evaluation date: ___/___/___

Next annual review date: ___/___/___

Student/child's name: _____

Primary disability category: _____

Secondary disability category: _____

Date of birth: ___/___/___ Child count ID #: _____

School or program: _____ Grade assigned: _____

Parent/guardian: _____ Telephone #: _____

Address: _____

Initiation and duration of the IEP:

___/___/___ to ___/___/___

___/___/___ to ___/___/___

Initiation and duration of extended year:

___/___/___ to ___/___/___

IEP Team Members

Name	Role / position	Check if in attendance:
Name:	Check one: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Surrogate <input type="checkbox"/> Adult student	<input type="checkbox"/>
Name:	Student (when appropriate)	<input type="checkbox"/>
Name:	Local education agency (LEA) representative	<input type="checkbox"/>
Name:	Special Education Teacher or Service Provider	<input type="checkbox"/>
Name:	General Education Teacher	<input type="checkbox"/>
Name:	Individual who can interpret the instructional implications of evaluation results	<input type="checkbox"/>
Name:	Individual who can conduct diagnostic Examinations (SLD requirement)	<input type="checkbox"/>

Others with Knowledge of the Child

Name	Role / position	Check if in Attendance
Name:		<input type="checkbox"/>
Name:		<input type="checkbox"/>
Name:		<input type="checkbox"/>
Name:		<input type="checkbox"/>
Name:		<input type="checkbox"/>
Name:		<input type="checkbox"/>

Student Name: _____ IEP Meeting Date: _____

Present Levels of Educational and Functional Performance

The following information was derived from: report data, documentation from classroom performance, observations, parent/student reports, and curriculum-based and standardized assessments, including State Assessments and Alternate Assessments results and student samples.

Disability / impact of student's disability on involvement and progress in the general education curriculum (identify the disability and areas of impact): _____

Student strengths, including data as appropriate (academic, social-emotional, personal interests, perceptual-motor, communication, environment, behavioral, vocational/transitional, fine/gross motor, activities of daily living, other/nonacademic areas): _____

Medical (health, vision, hearing, or other medical issues): _____

Student concerns/needs requiring specialized instruction based on pertinent data (academic, social-emotional, perceptual-motor, communication, environment, behavioral, vocational/transitional, fine/gross motor, activities of daily living, other/nonacademic areas):

Parent input (additional information the parents wish to share): _____

Other considerations (areas to consider that could enhance the child's education: safety/health; future, opportunity for additional student input, mobility, transportation, disability awareness, self-advocacy needs): _____

Student Name: _____ IEP Meeting Date: _____

Goal Section

Present Level of Educational/Functional Performance:

Area: _____

Standardized test results: _____

Current Classroom Level of Educational Performance: _____

Current Classroom Level of Functional Performance: _____

Grade Expectation for Educational / Functional Performance: _____

Measurable annual goals linked to the Present Level of Performance, short-term Objectives linked to achieving progress toward Annual Goal, Evaluation Procedures, Performance Criteria, and Personnel Responsible:

Goal ___ (#): _____

Evaluation Procedure: _____

Performance Criteria: _____

Progress Report (Using Progress Reporting Key):

___/___/___ Progress: _____

___/___/___ Progress: _____

___/___/___ Progress: _____

___/___/___ Progress: _____

___/___/___ Progress: _____

Objective 1: _____

Evaluation Procedure: _____

Performance Criteria: _____

Progress Report (Using Progress Reporting Key)

//_ Progress: ____ _/_/_ Progress: ____ _/_/_ Progress: ____
//_ Progress: ____ _/_/_ Progress: ____

Objective 2: _____

Evaluation Procedure: _____

Performance Criteria: _____

Progress Report (Using Progress Reporting Key)

//_ Progress: ____ _/_/_ Progress: ____ _/_/_ Progress: ____
//_ Progress: ____ _/_/_ Progress: ____

Objective 3: _____

Evaluation Procedure: _____

Performance Criteria: _____

Progress Report (Using Progress Reporting Key)

//_ Progress: ____ _/_/_ Progress: ____ _/_/_ Progress: ____
//_ Progress: ____ _/_/_ Progress: ____

Progress Reporting Key:

A – Achieved the goal/objective as written

S – Sufficient progress on the 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.

U – Insufficient progress on the objective is being made, unlikely to achieve this goal

O – Other (specify): _____

Examples of Evaluation Measures:

1. Criterion-referenced/Curriculum-based Assessments
2. Pre-post assessment
3. Pre-post baseline data
4. Quizzes/tests
5. Student Self-assessment/Rubric
6. Project/Experiment/Portfolio
7. Behavior/Performance Rating Scale
8. State Assessment/Alt Assessment
9. Work sample, job performance, or Products
10. Achievement of Objectives (use with Goal only)
11. Other: _____

Additional specifics may be found in the [chart of measures](#).

Performance Criteria:

- A. Percent of Change
- B. Months Growth
- C. Standard score performance
- D. Passing Grade/Score
- E. Frequency/trials
- F. Duration
- G. Successful completion of task/activity
- H. Mastery
- I. Other: _____

Page ____ of ____ Goal Pages

Post-Secondary Transition Plan

Student Name: _____ IEP Meeting Date: ____/____/____

Current Grade Level: _____ Expected Date of Graduation: ____/____/____

Student Invitation

Evidence student was invited to the IEP meeting and date of invitation: _____

Outside Agencies

Outside agencies such as Vocational Rehabilitation (VR) can continue to support the student after they graduate with regard to employment or post-secondary education however, they must be enrolled in VR. If not already enrolled in VR services by grade 12, the student should enroll in order to receive continuing supports related to employment and post-secondary education. It is critical that these key connections are made prior to graduation by inviting the proper outside agencies to the IEP meeting that addresses the transition plan. Examples of other agencies who the IEP team may choose to invite include VT Developmental Disabilities Services, Department for Children and Families, Department of Labor, VT Student Assistance Corp.

Identify evidence that outside agencies were invited (with parental consent) and date of invitation: _____

Describe the coordinated interagency linkages and responsibilities including pre-employment transition services (services provided or paid for from another agency): _____

Assessment Summary for Transition Planning

Transition Assessments are an ongoing process of collecting data on the individual's strengths, needs, preferences, and interests as they relate to the demands of current and future working, educational, living, and personal and social environments. Assessment data serve as the common thread in the transition process and form the basis for defining goals and services to be included in the Individualized Education Program (IEP). ,

Examples of transition assessments: see the [VT AOE website under Secondary Transition](#).

Date	Transition Assessment Tool	Summary of Results

Date	Transition Assessment Tool	Summary of Results

1. Strengths of the student as indicated by formal or informal transition assessments: _____

2. Needs of the student as indicated by formal or informal transition assessments: _____

3. Preferences of the student as indicated by formal or informal transition assessments: _____

4. Interests of the student as indicated by formal or informal transition assessments: _____

Postsecondary and Annual Goal Definitions

Measurable postsecondary goals: A postsecondary goal is a statement of the desired outcome for the student after leaving high school.

Measurable annual transition goals: Goals that address the skills that the student will be focusing on during the life of the annual IEP necessary for the student to reach his/her postsecondary goals. Annual goals must be measurable. Taking or passing a course should be listed as a transition service, not as a goal.

Postsecondary Goals

A. Education and Training (REQUIRED):

Within one year of graduation, _____ (student name) will _____ (goal)

B. Employment (REQUIRED):

Within one year of graduation, _____ (student name) will _____ (goal)

C. Independent Living (When appropriate):

Within one year of graduation, _____ (student name) will _____ (goal)

Annual Goal(s) for Education and Training (Required): _____

Progress Review Date: _____ Progress Review Date: _____ Progress Review Date: _____

Annual Goal(s) for Employment (Required): _____

Progress Review Date: _____ Progress Review Date: _____ Progress Review Date: _____

Annual Goal(s) Independent Living (if there is a Post-Secondary) goal: _____

Progress Review Date: _____ Progress Review Date: _____ Progress Review Date: _____

Are postsecondary goals updated annually? Yes No

Transition Services:

It is recommended that a cumulative record of transition services be maintained.

Describe the transition services for each domain below. Transition services enable and promote the student's progress toward meeting annual and post-secondary goals. List the transition services your school is providing during the current IEP to help the student meet their post-secondary goals. Common examples include: job coaching, career exploration services, transportation training. See the [VT Indicator 13 Technical Assistance Sheet](#) for more examples.

Transition services for education and training (required): _____

Position(s) responsible: _____

Start date: ____/____/____ End date: ____/____/____

Transition services for employment (required): _____

Position(s) responsible: _____

Start date: ____/____/____ End date: ____/____/____

Transition services for independent living (as appropriate): _____

Position(s) responsible: _____

Start date: ____/____/____ End date: ____/____/____

Course of Study:

A description or narrative of coursework necessary to achieve the student’s desired post-secondary goals, from the student’s current to anticipated exit year. If the student ever moves this helps the new school implement appropriate courses.

School year	Grade level	Courses to be taken Note: At least one course must be included to help reach post-secondary goals
	Grade 9	
	Grade 10	
	Grade 11	
	Grade 12	

If the student will be reaching age 17 during the duration of this IEP, they and their parents must have been notified, in writing, that parental rights will transfer to the student upon reaching the age of 18.

Has this notification, in writing, been provided?

Yes

If not completed in writing, please specify how they were notified: _____

Special Education Services, Related Services, Consent to Bill Medicaid

Student Name: _____ IEP Meeting Date: _____

The primary plan for this student is:	Check box:
Fully in-person	<input type="checkbox"/>
Remote and in-person hybrid	<input type="checkbox"/>
Fully remote	<input type="checkbox"/>
Other	<input type="checkbox"/>

The contingency plan* for this student is:	Check box:
Fully in-person	<input type="checkbox"/>
Remote and in-person hybrid	<input type="checkbox"/>
Fully remote	<input type="checkbox"/>
Other	<input type="checkbox"/>

*Contingency plan applies to situations in which a typical, in-school day is not possible or appropriate, for example, due to school closure or natural disaster. Contingency plans provide an IEP team decision regarding how to meet the student's need(s) when decisions by a school and/or district prevent a typical, in-school day from occurring. Contingency plans are not to be used for situations in which staff are unavailable to ensure IEP service provisions.

Special Education Services

Special Education Services	Initial Date	End Date	Frequency	Time	Location	Service Delivery	Provider	Group Size

Related Services

Related Services	Initial Date	End Date	Frequency	Time	Location	Service Delivery	Provider	Group Size

Transition Services

Transition Services	Initial Date	End Date	Frequency	Time	Location	Service Delivery	Provider	Group Size

Extended School Year Services (ESY)

Extended School Year Services	Initial Date	End Date	Frequency	Time	Location	Service Delivery	Provider	Group Size

Remote Learning Services

Remote Learning Services	Initial Date	End Date	Frequency	Time	Location	Service Delivery	Provider	Group Size

Hybrid Learning Services

Hybrid Learning Services	Initial Date	End Date	Frequency	Time	Location	Service Delivery	Provider	Group Size

Note: Service delivery refers to a description of instructional service delivery such as, but not limited to: small group, one-on-one, co-taught class, etc.

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.

Individualized Education Program: Educational Environment/Placement

Student Name: _____ IEP Meeting Date: _____

The IEP team must address each of the following for all placement options:

- Possible advantages for the student
- Possible disadvantages or potential harmful effects on the student or on the quality of services needed
- Modifications/supplementary aids & services considered to reduce possible disadvantages to the student

Placement options considered	Selected	Percentage (%)	Summarize discussion regarding placement options
General education classroom	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Resource or related services room	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special education classroom	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Separate day school – public or private	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hospital / homebound	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Residential facility	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Note: A regular class, or general education classroom, is a program that includes a majority (at least 50 percent) of children without disabilities (i.e., children without IEPs). A special education classroom is a self-contained classroom separate from a general education classroom where students receive their specially designed instruction for the majority of the day.

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

If the student cannot participate full-time with non-disabled children in the general education class, extracurricular, or other non-academic activities, provide a detailed explanation for this removal and explain why full participation is not appropriate: _____

If a shortened day is chosen, is there documentation to justify the need in order to meet the education, medical, or emotional needs of the student?

Yes No N/A

If the student is placed in an independent school, is the student's IEP designed to facilitate reintegration into a local LEA placement?

Yes No N/A

If the student is placed in a residential facility, is the student's IEP designed to facilitate reintegration into a local LEA placement? Note: When the student's placement is a residential placement, pursuant to Rule 2366.9, the student's IEP shall contain annual goals and short-term objectives or benchmarks designed to reintegrate the student into a local LEA placement, and a description of how they will lead to reintegration.

Yes No N/A

Program Accommodations and Modifications - INCLUDING NONACADEMIC AND EXTRACURRICULAR ACTIVITIES/COLLABORATION/SUPPORT FOR SCHOOL PERSONNEL

Student Name: _____ IEP Meeting Date: _____

Note: Applicable for the student, school personnel, and parents, as well as other options considered by the IEP team.

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

Academics: _____

Sites/Activities Where Required and Duration: _____

Non-Academics: _____

Sites/Activities Where Required and Duration: _____

In-person classroom environment: _____

Sites/Activities Where Required and Duration: _____

Remote and in-person hybrid environment: _____

Sites/Activities Where Required and Duration: _____

Remote classroom environment: _____

Sites/Activities Where Required and Duration: _____

English Language Proficiency Services (if applicable)

Student has been screened on ___/___/___ and qualifies for English language services, and:

is enrolled English language services.

is not enrolled in English language services.

Student met exit criteria on ___/___/___ and will no longer be English language services

Accessible Instructional Materials

The IEP team has determined that the student is eligible for the support of accessible instructional materials which have met the National Instructional Materials Accessibility Standards for print disabilities.

Identify the supports that will be provided for school personnel and parents to implement the IEP: _____

Note: When specifying required supports for personnel to implement this IEP, include the specific supports required, how often they are to be provided (frequency), and for how long (duration)

State-Level Assessments

The team has determined that the student will be taking the grade-level state assessment with no accommodations, modifications, or supplementary aids.

The team has determined that the student will be taking the grade-level state assessment with the approved accommodations and/or approved supports identified below. Allowable accommodations vary according to the construct being measured.

The student's general education teacher, educational team, or special educator 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). By checking the appropriate box below, the district attests that the parents have been informed of any consequences associated with participation in an alternate assessment. Check all that apply:

State alternate assessment English language arts (grades 3-9)

State alternate assessment math (grades 3-9)

State alternate assessment science (grades 5, 8, 11)

Statement as to why the grade-level state assessment or part of the assessment (with or without accommodations) is not appropriate for the child: _____

English Language Proficiency Assessment (if applicable, check all that apply)

The student will take the:

- State English language proficiency assessment
- State English language proficiency assessment with accommodations
- State alternate English proficiency assessment

Statement as to why the state English language proficiency assessment (with or without accommodations) is not appropriate for the child: _____

The student will take the state English language proficiency assessment or alternate English proficiency assessment with the following domain exemption(s):

- Reading
- Writing
- Listening
- Speaking

A statement as to why the domain(s) is/are not appropriate for the child: _____

Student met exit criteria on ___/___/___ and will no longer be taking English language proficiency assessment (with or without accommodations) or alternate English proficiency assessment.

Accommodations/Accessibility Supports for Assessments

Approved assessment supports are located within state assessment manuals. Approved assessment accommodations may not be inclusive of all instructional accommodations and/or supports.

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

Student Name: _____ IEP Meeting Date: ___/___/___ DOB ___/___/___

School: _____ District: _____ Child Count #: _____

Parental Input Page

This section of the IEP is designed to provide parents, upon their reflection of the developed IEP, to provide feedback to the IEP Team for inclusion within this IEP. This may include concerns about the level of services, strengths of goals, or potential needs they see should be discussed now or kept in mind for future consideration by the IEP Team. This page should be returned to the school within ten (10) days of receiving the IEP, after an IEP meeting was held to write or amend the IEP.

Input on Process

1. I was provided or offered my parental rights at the start of this meeting?
 Yes No Somewhat
2. The meeting was held at a mutually agreed upon time and place convenient to me?
 Yes No Somewhat
3. I was able to communicate easily with the IEP Team?
 Yes No Somewhat
4. Was the meeting of sufficient length to cover the topics of concern?
 Yes No Somewhat
5. I was asked for my input and feedback during the meeting?
 Yes No Somewhat
6. My input and feedback were used in developing IEP goals and services?
 Yes No Somewhat
7. My input and feedback were used in considering the least restrictive environment for my child? The least restrictive environment means that a child must be included in regular classes and in their neighborhood school to the extent that it is appropriate for that child.
 Yes No Somewhat

Please use this section to include any strengths, needs, potential accommodations, or other concerns you feel that were not considered in the meeting: _____
