INDIVIDUALIZED EDUCATION PROGRAM (IEP) **School Year:** _____

Public Agency/School District: _____ **Student's Name:** _____

IEP Committee Meeting Date: _____/_____/ 20____.
Month Day Year

IEP Implementation Date (Projected Date when Services and Programs Will Begin)**:** _____/_____/ 20____
Day Year Month Day Year **Projected**

End Date: _____/_____/ 20____ **Projected Date of Annual Review:** _____/_____/ 20____
Month Day Year

Student's Name: _____ Date of Birth:_____/_____/_____. Age: _____
Month Day Year

Ethnicity: _____ Gender: ☐ Female ☐ Male

Primary Eligibility Category: _____ Secondary Eligibility Category: _____

Current Eligibility Date: _____/_____/ 20____ Projected Reevaluation Date: _____/_____/ 20____
Month Day Year Month Day Year

MSIS Number: _____ Grade: _____ School: _____

Parent/Guardian Name: _____ Phone Number: _____

Address: _____ Email

The first page lists the student's name, age, date of birth, grade, and other details. It also includes a rundown of the IEP team members. Note that an IEP team member may only be excused if you and the school agree in writing **prior** to the IEP meeting.

IEP COMMITTEE PARTICIPANTS *(Signature*

☐ **Initial [***Written Parental Permission For Initial Placement* **must be signe**

Name	Position	Na	

Names and Position of Excused IEP Committee Members

An IEP Committee member may be excused in whole or in part, if the parent and/or adult student and public agency agree in writing prior to the IEP meeting. If the meeting deals with the excused member's areas, he or she will provide written input to the IEP Committee prior to the meeting. ***Attach all written documentation to the IEP.***

The IEP meeting was conducted via alternate means of technology: ☐ N/A
☐ Video Conferencing ☐ Conference Call ☐ Other: _____

This IEP meeting was recorded:
☐ Yes ☐ No

EVALUATIONS

Indicate plans to conduct a Functional Beh *follow-up(s) to determine special education and/*

This is where you accept/reject the IEP. Remember that an IEP isn't all-or-nothing--families can attach a document saying which parts they accept and which parts they reject

WRITTEN PARENTAL PERMISSION FOR INITIAL PLACEMENT *(Sign only* ***after*** *the IEP has been reviewed)*

My rights and those of my child as outlined in the Procedural Safeguards Notice have been fully explained to me. I understand that my child has a disability, and I know my child's eligibility category. I hereby give consent for my child to receive special education services as recorded on this Individualized Education Program (IEP).

Parent/Guardian Signature: _____ **Date:** _____

PROCEDURAL SAFEGUARDS NOTICE

I have received a copy of the Procedural Safeguards Notice, and my rights and those of my child have been fully explained. The public agency has informed me of whom I may contact if I need additional information.

You have the right to have the school district explain the procedural safeguards packet

INDIVIDUALIZED EDUCATION PROGRAM (IEP) School Year: _____

Public Agency/School District: _____ **Student's Name:** _____

Parent/Guardian Signature: _____ **Date:** _____

IEP COMMITTEE PARTICIPANTS *(Signatures are not required.)*

IEP Action: ☐ **Review** ☐ **Revise** ☐ **Amend** ☐ **ESY** **Date:** ____/____/ 20____

Name	Position	Name	Position
	Agency Representative		Other: _____
	General Educator		Other: _____
	Special Educator		Other: _____
	Parent/Guardian		Other: _____
	Parent/Guardian		Other: _____
	Student		Other: _____

Names and Position of Excused IEP Committee Members

An IEP Committee member may be excused in whole or in part, if the parent and/or adult student and public agency agree in writing prior to the IEP meeting. If the meeting deals with the excused member's areas, he or she will provide written input to the IEP Committee prior to the meeting. ***Attach all written documentation to the IEP.***

The IEP meeting was conducted via alternate means of technology: ☐ N/A
☐ Video Conferencing ☐ Conference Call ☐ Other: _____

This IEP meeting was recorded:
☐ Yes ☐ No

EVALUATIONS

Indicate plans to conduct a Functional Behavioral Assessment (FBA), evaluation for Assistive Technology, or other evaluation(s)/follow-up(s) to determine special education and/or related service needs.

PROCEDURAL SAFEGUARDS NOTICE

- ☐ **I have received a copy of the Procedural Safeguards Notice, and my rights and those of my child have been fully explained. The public agency has informed me of whom I may contact if I need additional information.**
- ☐ **I do not wish to receive a copy of the Procedural Safeguards Notice. The public agency has informed me of whom I may contact if I need additional information.**

Parent/Guardian Signature: _____ **Date:** _____

SUMMARY OF REVISION

Describe any changes in services and supports in the IEP (e.g., addition or deletion of services provided, increase or decrease in frequency of services provided).

☐ Check to verify that all changes were made in the IEP.

INDIVIDUALIZED EDUCATION

Public Agency/School District: ___

This section describes the student's current abilities, skills, challenges, and strengths. It may also discuss social skills and behavior. It is important to include:
1. Educational strengths--what do they do well at in school?
2. Interests--what are their preferences?
3. Personal attributes and accomplishments--what are their positive qualities and their successes?

PRESENT LEVELS OF ACADI

Student's Strengths, Preferences, and Ir

Identify the student's educational and/or de personal accomplishments as indicated by formal or informal assessment. Identify the skills or behaviors the student has mastered. Be sure to include specific feedback from the student. If 14 years of age or older, describe the student's strengths, preference and interests related to their postsecondary expectations (education, employment/training and daily living if appropriate).

Bring in a summary of evaluation assessments, MAAP, and/or any other district test results. The Team should look at individual skills or problems found in the test results and discuss how the IEP can be written to support/lead the student to increased scores

List data sources relative to describing the student's strengths, preferences and interests (e.g. interviews, formal assessments, informal assessments etc.).

Impact of Disability and Student Needs (Critical Skills and Behaviors or Developmentally Appropriate Activities)

Describe the effects of the student's disability on involvement and progress in the general education curriculum, including the impact on the student's current level of functioning in reading and math and the functional implications of the student's skills. For a preschool student, describe the effect of this student's disability on involvement in developmentally appropriate activities. If 14 years of age or older, describe the effect of this student's disability on the pursuit of postsecondary expectations (education, employment/training and daily living if appropriate).

Provide a clear description of how the various aspects of the disability(ies) impact(s) progress. Each component of the student's disability(ies) should be addressed (e.g., cognitive, emotional, behavioral, physical, attention). Parents are vital for this section--you are most aware of your student's needs!

List data sources relative to describing the student's needs and impact of his/her disability (e.g. progress monitoring, observations, assessments, etc.).

Parent/Student Input

Include any concerns of the parent and, as appropriate, the student for enhancing his or her education.

Describe the parent/guardian's and/or the student's:
- Greatest concerns
- Hopes regarding student's accomplishments
- Concerns regarding the student's services
- Concerns regarding last year's IEP

Reminder: Students should be involved in writing the IEP as soon as it is appropriate. During transition (ages 14+) it is required that the student be involved in the IEP development/meeting.

INDIVIDUALIZED EDUCATION PROGRAM (IEP) **School Year:** _____ **Ages 3-5**

Public Agency/School District: _____ **Student's Name:** _____

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE		
Present Levels of Social Emotional Skills and Relationships Performance Summary: ☐ Social ☐ Emotional ☐ Behavioral ☐ Other: _____		
Present Levels of Knowledge and Skills Performance Summary: ☐ Communication ☐ Pre-Academic ☐ Cognitive ☐ Other: _____		
Present Levels of Appropriate Behavior to Meet Needs Performance Summary: ☐ Gross/Fine Motor Skills ☐ Adaptive/Daily Living Skills ☐ Other: _____		
Include (a) a clear description of the observable "target" skill or behavior, (b) the condition under which the target skill or behavior can be observed and (c) the <u>current</u> rate of performance based on baseline data.		
Does this area impact the student's social emotional skills and relationships performance?	☐ Yes	☐ No
Does this area impact the student's knowledge and skills performance?	☐ Yes	☐ No
Does this area impact the student's appropriate behavior to meet needs performance?	☐ Yes	☐ No

MEASURABLE ANNUAL GOAL		
Goal #	**Measurable Annual Goal**	**MOM**
Obj. #	**Short-Term Instructional Objectives/Benchmarks (STIO/B)**	
1		
2		
3		
4		
5		

Report of Progress

Methods of Measurement (MOM)	Progress on Annual Goal (PAG)
OBS = Observation CRT = Criterion-Referenced Test CBM = Curriculum-Based Measure WS = Work Samples D/P = Demonstration/Performance Other: _____	A. The student is making **sufficient** progress to meet the annual goal. B. The student is making **insufficient** progress to meet the annual goal. **(An IEP meeting must be held to discuss revisions.)** C. The annual goal has been met or exceeded. D. This annual goal has not been introduced yet.

Date of Report	Current Level of Performance (CLP) for Report of Progress *Describe the student's current performance on the annual goal based on progress on STIO/Bs using the identified method(s) of measurement (OBS, CRT, CBM, WS, D/P, etc.).*	PAG

Notification of Progress Provided to Parents/Guardians		
Type	☐ Progress Notes ☐ Report Cards ☐ Goals Sheets ☐ Other: _____	
Frequency	☐ Every 4 ½ weeks ☐ Every 6 weeks ☐ Every 9 Weeks ☐ Other: _____	

Ages 6-20

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: _____

Public Agency/School District: _____ **Student's Name:** _____

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Present Levels of Academic Performance Summary: ☐ Reading ☐ Math

Present Levels of Functional Performance Summary: ☐ Communication ☐ Social ☐ Emotional ☐ Behavioral ☐ Gross/Fine Motor Skills ☐ Career and Technical Education and Employment ☐ Adaptive/Daily Living Skills ☐ Other: _____

Include (a) a clear description of the observable "target" skill or behavior, (b) the condition under which the target skill or behavior can be observed and (c)

Annual goals should consist of academic and functional skills that the student can reasonably accomplish during the school year. Each goal should include: 1) Present level of performance (important starting point!); 2) The measurable goal; 3) What the school is providing to help the student reach the goal; and 4) A breakdown of the sub-skills required to achieve this goal.

Does this area impact the student's academic achievement?	☐ Yes	☐ No
Does this area impact the student's functional performance?	☐ Yes	☐ No

MEASURABLE ANNUAL GOAL

Goal #	Measurable Annual Goal	TA*	MOM

Obj. #	Short-Term Instructional Objectives/Benchmarks (STIO/B)
1	
2	
3	
4	
5	

Each annual goal is broken down into shorter-term objectives.

Report of Progress

Methods of Measurement (MOM)	Progress on Annual Goal
OBS = Observation CRT = Criterion-Referenced Test CBM = Curriculum-Based Measure WS = Work Samples D/P = Demonstration/Performance Other: _____	A. The student is making **sufficient** progress to meet the annual goal. B. The student is making **insufficient** progress to meet the annual goal. **(An IEP meeting must be held to discuss revisions.)** C. The annual goal has been met or exceeded. D. This annual goal has not been introduced yet.

Date of Report	Current Level of Performance (CLP) for Report of Progress *Describe the student's current performance on the annual goal based on progress on STIO/Bs using the identified method(s) of measurement (OBS, CRT, CBM, WS, D/P, etc.).*	PAG

The IEP states how the IEP team will keep track of the child's progress toward annual goals

Notification of Progress Provided to Parents/Guardians

Type	☐ Progress Notes	☐ Report Cards	☐ Goals Sheets	☐ Other: _____
Frequency	☐ Every 4 ½ weeks	☐ Every 6 weeks	☐ Every 9 Weeks	☐ Other: _____

***TA = Transition Activity**

SPECIAL CONSIDERATIONS*

Communication *(Required)*

Does the student have special communication needs? ☐ Yes ☐ No
Document the basis for the decision:

Assistive Technology *(Required)*

Does the student need assistive technology services or devices to maintain or improve functional capabilities? ☐ Yes ☐ No
Does the student need assistive technology assessment? ☐ Yes ☐ No
Document the basis for the decision:

Examples include text-to-speech software, timers, reading guides, calculators, speech recognition software, and graphic organizers

Service for Students who are Blind or Visually Impaired

In the case of a student who is blind or visually impaired, provide for instruction in and the Committee determines, after an evaluation of the student's reading and writing media, Br

Instruction in Braille considered? ☐ Yes ☐ No Evaluation Date: _____
Is instruction in Braille appropriate? ☐ Yes ☐ No
Document the basis for the decision:

Were the parents provided information about the Mississippi School for the Blind? ☐ Yes ☐ No

Service for Students who are Deaf or Hearing Impaired ☐ N/A

In the case of the student who is deaf or hearing impaired, consider language and communication needs, opportunities for direct communication needs, academic level, and full range of needs, including direct instruction in the student's language and communication mode.

Student's language and communication mode: _____
Is direct instruction in the student's language and communication mode needed? ☐ Yes ☐ No
Document the basis for the decision:

Were the parents provided information regarding the Mississippi School for the Deaf? ☐ Yes ☐ No

Behavior Intervention ☐ N/A

*In the case of a student whose behavior impedes the student's learning or the learning of other students, consideration **must** be given to the use of positive behavior interventions, supports, and other strategies to address that behavior.*

1. Has the IEP Committee developed goals and interventions to address specific behavior concerns? ☐ Yes ☐ No
2. Has a Functional Behavioral Assessment (FBA) been conducted? ☐ Yes ☐ No Date Completed:_____
3. Has a Behavior Intervention Plan (BIP) based on a Functional Behavioral Assessment been developed?**
   ☐ Yes ☐ No Date developed:_____ Implementation Date:_____ Review / Revised Dates:_____

Document the basis for the decision:

***If a student has a BIP, s/he must have a corresponding annual goal(s) to address behavioral concerns.*

Services for Students with Limited English Proficiency ☐ N/A

In the case of a student with limited English Proficiency, consideration is given to the language needs of the student as such needs relate to the student's IEP.

Describe the specific needs and document the basis for the decision:

**** Indicate Special Considerations in the PLAAFP.***

INDIVIDUALIZED EDUCATION PROGRAM (IEP) **School Ye**

Public Agency/School District: _____ **Student's** _____

Here, the IEP details what special education services the student will get and for how long

SPECIAL EDUCATION AND RELATED SERVICES

Special Education

Service	Area	Location	Start Date	Duration/Frequency	End Date

Document basis for the decision:

Accommodations are done by teachers in a general education classroom. Accommodations do not change the expectations or the manner in which teachers/schools measure achievement. Example: seating the student at the front of the classroom.

Instructional/Functional Accommodations

Service	Area	Lo	End Date

Document basis for the decision:

Program Modifications

Service	A	cy	End Date

Document basis for the decision:

Modifications are changes in curriculum and instruction that are done by special educators and specialists. Modifications do change the expectations/achievement criteria. Example: less homework for the student.

Related Services

Service	Area	Location	Start Date	Duration/Frequency	End Date

Document basis for the decision:

Supports for Personnel

Service	Area	Location	Start Date	Duration/Frequency	End Date

Document basis for the decision:

Area

a.	Reading	f.	Science	k.	Music	p.	Title I	t.	Other: _____
b.	Spelling	g.	Health	l.	Art	q.	Tech Prep	u.	Other: _____
c.	English	h.	Lunch	m.	Computer Science	r.	Vocational	v.	Other: _____
d.	Math	i.	PE	n.	Clubs	s.	Library	w.	Other: _____
e.	Social Studies	j.	Guidance/Counseling	o.	Recreation Activities			x.	Other: _____

INDIVIDUALIZED EDUCATION PROGRAM (IEP) **School Year:** ____

Public Agency/School District: _____ **Student's Nam**

This section identifies the assessments that the student is expected to take during the duration of the IEP

PARTICIPATION IN STATE-WIDE ASSESSMENT PROGRA

☐ This student is not required to participate in State-wide assessments as she or he is over 1

☐ This student meets the criteria for SCD and is under 8 years of age.

Significant Cognitive Disability (SCD) Determination

To be classified as a student having a significant cognitive disability, ALL of the criteria below must be true.

☐ Yes ☐ No	The student demonstrates significant cognitive deficits and poor adaptive skill levels (as determined by that student's comprehensive evaluation) that prevent participation in the standard academic curriculum or achievement of the academic content standards, even with accommodations and modifications.
☐ Yes ☐ No	The student requires extensive direct instruction in both academic and functional skills in multiple settings to accomplish the application and transfer of those skills.
☐ Yes ☐ No	The student's inability to complete the standard academic curriculum is neither the result of excessive or extended absences nor is primarily the result of visual, auditory, or physical disabilities, emotional-behavioral disabilities, specific learning disabilities or social, cultural, or economic differences.

☐ The student **MEETS** the criteria for having a significant cognitive disability.

☐ The student **DOES NOT MEET** the criteria for having a significant cognitive disability.

For students classified as having an SCD, indicate the standards in which the student is instructed.

☐ This student meets the criteria for SCD and receives all instruction on alternate academic achievement standards.

☐ This student meets the criteria for SCD and receives instruction on grade-level standards in the following content area(s): _____

Indicate the assessment(s) in which the Student will participate (State- or district-wide assessments): *Students may participate in the standard* ***Grade Level/Subject Area Mississippi Assessment Program****, or the* ***Grade Level/Subject Area Mississippi Academic Assessment Program-Alternate****. Refer to* ***Testing Students with Disabilities Regulations*** *to determine appropriate assessments****.***

State- or District-Wide Assessments for Students with a Significant Cognitive Disability

Assessments for children who meet the criteria for significant cognitive disabilities and receive instruction on alternate academic achievement standards include the ***Mississippi Academic Assessment Program – Alternate(MAAP-A), English Language Proficiency Test (ELPT),*** *and/or additional tests. .*

Indicate any assessments the student will complete during the current year:	**Grade Level (Age for non-graded students)** *For non-graded students (coded 56, 58, 72, 74 or 78), peer grades are based on the student's age as of September 1st of the applicable school year*											
	PK	**K-2** *(5-7 yrs)*	**3** *(8 yrs)*	**4** *(9 yrs)*	**5** *(10 yrs)*	**6** *(11 yrs)*	**7** *(12 yrs)*	**8** *(13 yrs)*	**9** *(14 yrs)*	**10** *(15 yrs)*	**11** *(16 yrs)*	**12** *(17/18 yrs)*
MAAP-A (ELA)												
MAAP-A (Math)												
MAAP-A (Science)												
English Language Proficiency Test (ELPT)												
Other: _____												

ACKNOWLEDGEMENT OF REQUIREMENTS FOR PARTICIPATION IN HIGH SCHOOL SUBJECT AREA TESTS

I have had the Mississippi Statewide Assessment System fully explained to me. I understand that all students will be assessed in some way but only those students who meet the graduation requirements under State Board Policy, Chapter 36, Rule 36.4 and 36.5 will be eligible to receive a traditional high school diploma.

Parent/Guardian Signature: _____ **Date:** _____

INDIVIDUALIZED EDUCATION PROGRAM (IEP) **School Year:** _____

Public Agency/School District: _____ **Student's Name:** _____

PARTICIPATION IN STATE-WIDE ASSESSMENT PROGRAM

State- or District-Wide Assessments for Students without a Significant Cognitive Disability

Assessments for students who receive instruction on grade-level standards include the ***Mississippi Pre K-3 Assessment Support System (MKAS^2)****,* ***Mississippi Academic Assessment Program, Mississippi Academic Assessment Program -End-of-Course (MAAP-EOC), Mississippi Career Planning and Assessment System, 2nd Edition (MS-CPAS2), American College Test (ACT), English Language Proficiency Test (ELPT),*** *and/or additional tests.*

Indicate any assessments the student will complete during the current year, specifying the edition, if applicable.	Grade Level											
	PK	K-2	3	4	5	6	7	8	9	10	11	12
MKAS^2/ Kindergarten Readiness Assessment												
MKAS^2/3rd Grade Summative Assessment												
MAAP (English Language Arts/Literacy)												
MAAP (Mathematics)												
MAAP (Science)												
MAAP-EOC (Algebra I)												
MAAP-EOC (Biology I)												
MAAP-EOC (English II)												
MAAP-EOC (US History)												
MS-CPAS2												
ACT												
English Language Proficiency Test (ELPT)												
Other: _____												

ACKNOWLEDGEMENT OF REQUIREMENTS FOR PARTICIPATION IN THE MKAS^2/ 3RD GRADE SUMMATIVE ASSESSMENT

I understand that if my child does not meet the minimum cut score on the Mississippi Academic Assessment Program (English Language Arts), he/she will be required to participate in the alternative 3rd Grade Summative Assessment.

Parent/Guardian Signature: _____ **Date:** _____

ACKNOWLEDGEMENT OF REQUIREMENTS FOR PARTICIPATION IN HIGH SCHOOL SUBJECT AREA TESTS

I have had the Mississippi Statewide Assessment System fully explained to me. I understand that all students will be assessed in some way but only students who meet the graduation requirements under State Board Policy Chapter 36, Rule 36.4 and 36.5 will be eligible to receive a traditional high school diploma.

Parent/Guardian Signature: _____ **Date:** _____

INDIVIDUALIZED EDUCATION PROGRAM (IEP) S

Public Agency/School District: _____ S

This section identifies the accommodations the student should receive during testing. Statewide testing accommodations should be the same as the accommodations provided during the student's regular classroom assessments

STATE-WIDE / DISTRICT-WIDE TEST ACCESSIBILI

*Refer to the current **Mississippi Testing Accommodations Manual**, and/or **American College Test (ACT) Accommodations for Students with Disabilities** for information regarding testing accommodations. All accommodations used for State-wide testing must also be used during the student's classroom instruction and assessments.*

Presentation Accommodations	Code	Test(s)

Examples: large print, highlight key phrases in directions by the test administrator, read test directions and test items to individual students

Document the basis for the decision:

Response Accommodations	Code	Test(s)

Examples: allow marking of answers in test booklet and transferring of answers from test booklet to answer document, dictation of answers to test administrator/ proctor

Document the basis for the decision:

Timing and Scheduling Accommodations	Code	Test(s)

Examples: extended time through the end of the day, administering the test over several sessions and/or days, testing with scheduled rest breaks

Document the basis for the decision:

Setting Accommodations	Code	Test(s)

Examples: testing student in a study carrel, securing paper to work area with magnets/tape, testing with special lighting

Document the basis for the decision:

Test

a. MKAS2/Kindergarten Readiness
b. MKAS2/3rd Grade Reading Summative
c. MAAP (ELA)
d. MAAP (Math)
e. MAAP (Science)
f. MAAP-A (ELA)
g. MAAP-A (Math)
h. MAAP-A (Science)
i. ELPT
j. MAAP-EOC (Algebra I)
k. MAAP-EOC (Biology I)
l. MAAP-EOC (English II)
m. MAAP-EOC (US History)
n. ACT
o. MS-CPAS2
p. Other: _____
q. Other: _____
r. Other: _____

INDIVIDUALIZED EDUCATION PROGRAM (IEP) **School Year:** _____

Public Agency/School District: _____ **Student's Name:** _____

INDIVIDUAL TRANSITION PLAN

Beginning at age 14, or younger if appropriate, a Transition Plan must be completed with consideration of the student's needs, preferences, and interests. This plan must be updated annually.

Postsecondary Goals

*Specify appropriate measurable postsecondary goals as identified by the student, parent(s) and IEP Committee. Postsecondary goals are based upon **age-appropriate transition assessments** related to employment, education and/or training, and, where appropriate, independent living skills.*		**Related IEP Goal(s) #**
Education/Training ***(Required)***		
Employment ***(Required)***		
Independent Living ***(If Appropriate)***		

This section is for "transition planning" to get the student ready for life after high school. The student must be included in transition planning meetings

Age-Appropriate Transition Assessments

Transition Assessment *(including student and family survey or interview)*	**Assessment Type**	**Responsible Agency/Person**	**Date Conducted**	**Report Attached**
Education/Training ***(Required)***				
Employment ***(Required)***				
Independent Living ***(If Appropriate)***				

Transition Services

*Transition services may include **instruction**, **related services**, **community experiences**, **development of employment and other post-school adult living objectives**, and **acquisition of daily living skills** to be provided before graduation to support the student in achieving his/her postsecondary goals.*

Instruction *(e.g. accommodations, tutoring, skills training, prep for college exam)*

List the activities the school, student, parent and any outside agency(ies) will do to help the student reach the stated post-secondary goal(s). Specify any outside agency(ies) that will provide transition services.

Related Services *(e.g., parent(s), technology, transportation, medical services, supported services)*

List the activities the school, student, parent and any outside agency(ies) will do to help the student reach the stated post-secondary goal(s). Specify any outside agency(ies) that will provide transition services.

Community Experiences *(e.g., job shadowing, supported employment, banking, shopping, touring postsecondary institutions)*

List the activities the school, student, parent and any outside agency(ies) will do to help the student reach the stated post-secondary goal(s). Specify any outside agency(ies) that will provide transition services.

Development Of Employment Objectives and Functional Vocational Evaluation *(e.g., career planning, guidance counseling, job and career interests, aptitudes and skills)*

List the activities the school, student, parent and any outside agency(ies) will do to help the student reach the stated post-secondary goal(s). Specify any outside agency(ies) that will provide transition services.

Acquisition Of Daily Living Skills and Other Post-School Adult Living Objectives *(e.g., self-care, home repair, health and safety, money management, registering to vote, adult benefits planning, independent living)*

List the activities the school, student, parent and any outside agency(ies) will do to help the student reach the stated post-secondary goal(s). Specify any outside agency(ies) that will provide transition services.

Exit Options

Exit options must be reviewed with the parent and the student, as appropriate, before completing this section

The exit option determined appropriate for the student is:

- ☐ **Traditional Diploma**
  - ○ Career and Technical Endorsement
  - ○ Academic Endorsement
  - ○ Distinguished Academic Endorsement
- ☐ **High School Equivalency**
- ☐ **Mississippi Alternate Diploma**
  This option is only available to students that meet the criteria for Significant Cognitive Disability
- ☐ **Mississippi Occupational Diploma**
  This option is only available to students that entered 9th grade prior to the 2017-2018 SY
- ☐ **Certificate of Completion**

I understand that my child will only be considered for a Traditional High School diploma if he/she meets the graduation requirements under State Board Policy, Chapter 36, Rule 36.4 and 36.5. I also understand that if my child participates in the Mississippi Academic Assessment Program – Alternate (MAAP-A), he/she is being instructed on the Alternate Academic Achievement Standards and will not be considered for a Traditional High School Diploma.

_____ Parent/Guardian Signature

Course Of Study

Select the course of study that supports the Student's postsecondary goal(s):

☐ Agriculture, Food and Natural Resources	☐ Education and Training	☐ Law, Public Safety, and Security
☐ Architecture and Construction	☐ Finance	☐ Manufacturing
☐ Arts, Media, and Communications	☐ Government and Public Administration	☐ Marketing
☐ Business Management and Administration	☐ Health Science	☐ Science, Technology, Engineering and Mathematics
	☐ Hospitality and Tourism	☐ Transportation, Distribution, and Logistics
	☐ Human Services	
	☐ Information Technology	

Additional options (SCD only): ☐ Supported Employment ☐ Daily Living Activities ☐ Customized Employment

List the general and special education class(es) in the student's course of study for the previous, current, and projected year selected on the basis of the student's strengths, interests, preferences and desired postsecondary goals.

Previous Year's Class(es)	Current Year's Class(es)	Projected Year's Class(es)

The student must be included in transition planning

Student's Invitation to the IEP Committee Meeting

The student was invited to the IEP meeting. ☐ **Yes** ☐ **No**

Interagency Linkages (Participating Agencies)

List any agencies/person(s) (a) currently involved with the student or family, (b) who can provide needed information to the IEP Committee and/or (c) likely to become involved in providing support or services after the student exits high school and transitions to the community, employment and/or postsecondary education/training. ***Written parental consent must be obtained before inviting any agency/person(s) likely to be responsible for providing/paying for transition services.***

☐ **Education/Training**:	☐ **Employment**:	☐ **Independent Living**:

TRANSFER OF RIGHTS

I have been informed of my rights under Part B of the Individuals with Disabilities Education Improvement Act (IDEA) of 2004, as amended, that will transfer to me when I reach the age of majority (21 years of age).

Student's Signature: _____ **Date:** _____

PLACEMENT CONSIDERATIONS AND LEAST RESTRICTIVE ENVIRONMENT (LRE) DETERMINATIONS

Placement Option(s) Considered

Describe the placement option(s) the IEP Committee considered including any potentially harmful effects each option may have on the student or the quality of services to be provided. Include the level of support required for each placement option.

Document the basis for decision:

Non-Participation with Non-Disabled Peers

Describe the extent to which the student does not participate with his/her non-disabled peers.

Document the basis for decision:

This section explains how and to what extent the student will be included in general education classes and other activities. The Team must explain the reason for providing services outside of the general classroom--this section must be specific about the amount of time the student is out of the classroom and why.

Special Transportation

Is special transportation needed in the selected LRE? ☐ Yes ☐ No

Document the basis for the decision:

Special transportation could include bus monitors and door-to-door transportation in addition to transportation on a special vehicle.

Percentage of Time Student Receives Special Education Outside of the General Education Classroom

Preschool LRE Classification (*Check one below for Students ages 3-5*)

- ☐ **PC**/Home
- ☐ **PE**/Residential Facility
- ☐ **PF**/Separate School
- ☐ **PG**/Separate Class
- ☐ **PH**/Service Provider Location
- ☐ **PI**/Regular program ten (10) or more hours per week and served in the regular program
- ☐ **PJ**/Regular program ten (10) or more hours per week and served in another location
- ☐ **PK**/Regular program less than ten (10) hours per week and served in the regular program
- ☐ **PL**/Regular program less than ten (10) hours per week and served in another location

School Age LRE Classification (*Check one below for Students ages 6-21*)

- ☐ **SA**/Inside general education class 80% or more of the day
- ☐ **SB**/Inside general education class 40 to 79% of the day
- ☐ **SC**/Inside general education class less than 40% of the day
- ☐ **SD**/Separate School
- ☐ **SF**/Residential Facility
- ☐ **SH**/Home-Hospital
- ☐ **SI**/Correctional Facilities
- ☐ **SJ**/Parentally Placed in Private Schools

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: _____

Public Agency/School District: _____ **Student's Name:** _____

EXTENDED SCHOOL YEAR (ESY)

☐ This student attends a twelve (12) month program.

Determination of ESY Decision | **Determination Date**: _____

*All of the following criteria used in determining eligibility **must** be considered:*

Regression-Recoupment: Refers to a student's loss of a skill on IEP objective(s) after at least two (2) breaks in instruction without regaining the documented level of skill(s) prior to the break within the specified period.

Critical Point of Instruction 1: Refers to the need to maintain a student's critical skill to prevent a loss of general education class time or an increase in special education service time.

Critical Point of Instruction 2: Refers to a point in the acquisition or maintenance of a critical skill during which a length break in instruction would lead to a significant loss of progress.

Extenuating Circumstances: Refers to special situations that jeopardize the student's receipt of a FAPE unless ESY services are provided.

☐ **Consideration**: The IEP Committee considered all criteria when determining the student's eligibility for receiving ESY services

***NOTE:** Although ESY services typically focus on existing annual goals or STIO/Bs, the IEP Committee may determine the child needs to master a new goal or objective to be able to master or maintain the critical skill identified as the basis for ESY services. Only in this situation may the IEP Committee write a new goal and/or objective to address this critical skill.*

☐ **This student's situation MEETS criteria for ESY Services based on** _____.
(Indicate criterion that qualified student)

☐ **This student's situation MEETS criteria for ESY Services, but the parent/guardian does not accept the service.**

☐ **This student's situation DOES NOT MEET the criteria for ESY Services.**

Document the basis for the decision. Documentation of how the decision was made MUST be in the student's file.

Measurable Annual Goals or Short-Term Instructional Objectives/Benchmarks (STIO/B) *These must be existing measurable annual goals or STIO/Bs except for situations as described in the note above.*	**TA**	**MOM**	**Report of Progress**	
			CLP	**PAG**

TA = Transition Activity

Methods of Measurement (MOM)

OBS = Observation
CRT = Criterion Reference Test
CBM = Curriculum Based Measure
WS = Work Samples
D/P = Demonstration/Performance
Other: _____

Report of Progress

CLP = Current Level of Performance
PAG = Progress on Annual Goal
See Annual Goal page for codes

A **Progress Report** will be given to parents every _____ week(s) or at the end of the student's ESY services on _____.

Date(s) progress report given to parent

Types of Service	**# of Weeks**	**Duration/ Frequency**	**Area** *(See Special Education and Related Service page for code)*	**Location**	**Start Date**	**End Date**
Educational Services						
Related Services**						
Transportation						
Other: _____						
Other: _____						

*** Any related services provided (except transportation) **must** have a corresponding measurable annual goal or STIO/B.*