

INDIVIDUALIZED EDUCATION PROGRAM

Page of

Office of Institutional Education Programs County Schools

School

Date

PART I: STUDENT INFORMATION

Student's Full Name:

DOB:

Parent(s)/Guardian(s)/ Surrogate Parent:

Age:

Address:

Grade:

WVEIS#:

Telephone:

Home:

Work:

Cell:

Primary Eligibility:

Reevaluation Due Date:

Initial

Annual Review

Reevaluation Review

Amendment  
(Incorporated)

Other

Transfer: (from)

Date

PART II: DOCUMENTATION OF ATTENDANCE

Signature

Position

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Parent
- Parent
- Student
- General Education Teacher
- Special Education Teacher
- Birth to Three Representative
- Chairperson

The following people participated in the IEP team meeting via an alternate method:

Name	Position	Alternate Method
------	----------	------------------

**INDIVIDUALIZED EDUCATION PROGRAM**

Page    of

Student's Full Name

Date

**PART III A: CONSIDERATION OF FACTORS FOR IEP DEVELOPMENT/ANNUAL REVIEWS**

<b>The IEP team considers the following:</b>	<b>Yes</b>		
✓ Strengths of the student			
✓ Concerns of the parent			
✓ Most recent evaluation results <i>Additional evaluations needed, if any:</i>			
✓ Academic, developmental and functional needs			
✓ Need for assistive technology devices or services and provisions for home use if warranted			
✓ Communication needs of the student			
✓ Revisions needed to address lack of progress			
<b>Additional Considerations (must be documented in Part IV Present Levels Narrative)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
✓ For a student with giftedness, consider whether acceleration is a focus of gifted service, and if so, its effect on the student's graduation.			
✓ For a student whose behavior impedes his or her learning or that of others, consider the use of positive behavior interventions, supports and strategies to address the behavior.			
✓ For a student with limited English proficiency, consider the language needs of the student.			
✓ For a student with blindness or low vision, determine the need for instruction in braille and the use of braille (see instructions).			
✓ For a student who is deaf or hard-of-hearing, consider the language needs of the student, opportunities for direct communication with peers and professional personnel in the student's language and communication mode, the student's academic level and his or her full range of needs, including opportunities for direct instruction in the student's language and communication mode.			
✓ For a student age 16 or older (or younger if appropriate), complete Part III B, Transition Planning page, prior to Present Levels.			
✓ For a student age 16 or older (or younger if appropriate), permission has been obtained to invite other agency representatives to the next IEP meeting. Specify Agency(ies):			
Parent/Adult Student Consent: Date:                      Parent Initial _____ Student Initial _____			

<b>Extended School Year:</b>
Does the student need extended school year services? <input type="checkbox"/> Yes <input type="checkbox"/> No ESY determination deferred until Complete <b>IF</b> ESY needed: Critical skills to be addressed (must link to present levels of academic achievement and functional performance and annual goals) The parent(s)/guardian(s)/adult student <input type="checkbox"/> accept(s) <input type="checkbox"/> reject(s)                      extended school year services.
<b>(Document services on Part VI: Services)</b>

# INDIVIDUALIZED EDUCATION PROGRAM

**Student's Full Name**

**Date**

**PART III B: TRANSITION PLANNING** *(for students beginning no later than the first IEP to be in effect when the student is 16, or younger if appropriate)* (Refer to Policy 2510 and IEP instructions)

**Age of Majority (for students reaching age 17 within the next 12 months)**

The student and parent have been informed of the transfer of educational rights that will occur on reaching age 18.

Yes     No    Date \_\_\_\_\_ Student Initials \_\_\_\_\_ Parent Initials \_\_\_\_\_

**Transition Planning Considerations:**

How were the student's preferences and interests considered? (Check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Student interview/survey         | <input type="checkbox"/> Interest inventory (specify) |
| <input type="checkbox"/> Parent interview/survey          | <input type="checkbox"/> other (specify)              |
| <input type="checkbox"/> Functional vocational evaluation |   |

**Transition Assessments Reviewed** (specify):

**The student's educational program will lead to a:**     standard diploma     modified diploma

**Post-Secondary Goals**

Anticipated post-secondary education goals:

Anticipated post-secondary employment goals:

Anticipated post-secondary adult living goals:

Career Pathway/Cluster/Concentration the student selected on the Individualized Student Transition Plan (ISTP) is:

- | Pathway (8 <sup>th</sup> grade)  | Cluster (8 <sup>th</sup> grade)  | Concentration (10 <sup>th</sup> grade) |
|--|--|--|
| <input type="checkbox"/> Entry (for 9 <sup>th</sup> graders 04-05 through 07-08 only)<br><input type="checkbox"/> Skilled<br><input type="checkbox"/> Professional | <input type="checkbox"/> Arts and Humanities<br><input type="checkbox"/> Business/Marketing<br><input type="checkbox"/> Engineering/Technical<br><input type="checkbox"/> Health Sciences<br><input type="checkbox"/> Human Services<br><input type="checkbox"/> Science/Natural Resources |  |

**Transition Services:** Indicate areas identified through IEP goals.

- |   |  |
|---|--|
| <input type="checkbox"/> Instruction<br><input type="checkbox"/> Related Services<br><input type="checkbox"/> Community experiences | <input type="checkbox"/> Employment and other adult living objectives<br><input type="checkbox"/> Daily living skills <i>(if appropriate)</i><br><input type="checkbox"/> Functional vocational evaluation <i>(if appropriate)</i> |
|---|--|

**Activities/Linkages:** Identify activities needed for attaining post-secondary outcomes and the lead party/agency responsible for those services.

Activities/Linkages	Lead Party/Agency			Description of Service
	Parent / Student	School	Agency (Specify)	
Instruction/education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vocational aptitude/interest assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Career awareness/work-based learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Independent living/mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Agency referral/application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\*Should the identified agency fail to deliver transition activities outlined in the IEP, the IEP team must reconvene to identify alternative strategies to meet the transition needs of the child.

**INDIVIDUALIZED EDUCATION PROGRAM**

Page    of

**Student's Full Name**

**Date**

**PART IV: PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**

**Student Summative Assessment Data**

TEST YEAR	Reading/Language Arts		Math		Science		Other		Other	
	SS	PL	SS	PL	SS	PL	SS	PL	SS	PL
2007										
2008										
2009										
2010										
2011										
2012										

(SS = scale score) (PL = performance level)

**Benchmark and Formative Assessment Data**

Using current, annual data, list benchmark and formative assessments that have been used with the student and describe the results and implications for specially designed instruction. (Woodcock Johnson data goes in Narrative)	
Assessment	Description

**Narrative Descriptions of Present Levels of Academic Achievement and Functional Performance (refer to IEP Instructions) Add pages as needed.**

**Student's Full Name**

**Date**

---

---

**Narrative Descriptions of Present Levels of Academic Achievement and Functional Performance  
(refer to IEP Instructions)**



**INDIVIDUALIZED EDUCATION PROGRAM**

Page \_\_\_ of \_\_\_

Student's Full Name \_\_\_\_\_

Date \_\_\_\_\_

**PART V: ANNUAL GOALS, Part B (for use with students who are taught with WV Alternate Achievement Standards and who will participate in the APTA)**

\_\_\_\_\_  
\_\_\_\_\_

**SHORT-TERM OBJECTIVES**

\* Denotes critical skill(s) to consider for extended school year.

Critical Skill	Timeframe	Condition	Behavior	Evaluation Procedure with Criteria	Mastery/Progress Codes (optional) (per Grade Period)																																
	_____	_____	_____	_____	Mastery (ESY) <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> Progress <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																
	_____	_____	_____	_____	Mastery (ESY) <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> Progress <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																
	_____	_____	_____	_____	Mastery (ESY) <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> Progress <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																
	_____	_____	_____	_____	Mastery (ESY) <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> Progress <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																

• **Progress**

How and when will the student's progress toward the **IEP goals** be reported to the parent(s)? Specify.

How? \_\_\_\_\_ When? \_\_\_\_\_

Record dates on which Progress Reports have been provided to parents.

\_\_\_\_\_

~~• **Mastery Code:** 0 - Regression 1 - Maintained 2 - Recouped~~

- **Student Progress Code:** P = Progress Sufficient      A = Achieved  
 IP = Insufficient Progress      NA = Not Applicable



# INDIVIDUALIZED EDUCATION PROGRAM

Page    of

Student's Full Name

Date

**PART VII: Statewide Testing: (Please check all appropriate boxes)**

1) Indicate the appropriate WV Measures of Academic Progress Assessment and 2) check standard conditions or standard conditions w/accommodations.

WESTEST 2 Grades 3-11  
WESTEST 2 Online Writing Grades 3-11

Alternate Assessment (APTA) Grades 3-8 & 11(MA & RLA)  
Alternate Assessment (APTA) Grades 4, 6 & 11 (Science)

- A) Standard Conditions   
B) Standard Conditions w/Accommodations

- A) Standard Conditions   
B) Standard Conditions w/Accommodations

**NOTE:** For APTA eligibility, the student **must** exhibit significant cognitive disabilities, be instructed through Alternate Academic Achievement Standards and be pursuing a modified diploma (age 14+). APTA is large print formatted. **Justification for APTA:**

WVEIS Code	Standard Conditions with Accommodations Check all that apply	Specify the test or the part of the test*
	<b>WVEIS Codes:    P – Presentation    R – Response    T – Timing</b>	
<input type="checkbox"/> P02	Have test read aloud verbatim (except WESTEST 2 R/LA)	
<input type="checkbox"/> P03	Use braille or other tactile form of print	
<input type="checkbox"/> P06	Have test presented through sign language (except WESTEST 2 R/LA)	
<input type="checkbox"/> P13	Have test presented through text-talk converter (WESTEST 2 Online Writing; or VI if routine)	
<input type="checkbox"/> P15	Have directions only read aloud (acceptable for WESTEST 2 R/LA)	
<input type="checkbox"/> P16	Have directions presented through sign language (acceptable for WESTEST 2 R/LA)	
<input type="checkbox"/> P17	Use secure electronic braille note-taker (for directions & test stimulus materials)	
<input type="checkbox"/> P18	Have directions rephrased by trained examiner	
<input type="checkbox"/> P19	Use large print edition (when it is typical access)	
<input type="checkbox"/> P20	Use tactile graphics	
<input type="checkbox"/> P21	Use screen enlarging or screen reading software to access the computer (WESTEST 2 Online Writing)	
<input type="checkbox"/> P22	Adjust screen resolution to enlarge text (VI; acceptable for WESTEST 2 Online Writing)	
<input type="checkbox"/> P23	Use a magnifying screen cover (when it is the typical access; WESTEST 2 Online Writing)	
<input type="checkbox"/> P24	Use electronic translator or sign-dictionary to present test (except WESTEST 2 R/LA)	
<input type="checkbox"/> P25	Use electronic translator or sign-dictionary to present <u>directions only</u>	
<input type="checkbox"/> P26	Have directions, passage and prompt read aloud (WESTEST 2 Online Writing)	
<input type="checkbox"/> R02	Indicate responses to a scribe (for all selected-response items and WESTEST 2)	
<input type="checkbox"/> R03	Use braille or other tactile form of print (when it is typical response mode)	
<input type="checkbox"/> R04	Indicate responses to a scribe, specify all elements to be scored	
<input type="checkbox"/> R05	Use an abacus (acceptable for the blind on all parts of WESTEST 2 Math and Science)	
<input type="checkbox"/> R11	Use computer, typewriter or other assistive technology device to respond	
<input type="checkbox"/> R13	Provide physical support (if routine) by teacher/aide who is a trained examiner	
<input type="checkbox"/> R16	Mark responses on large-print test booklet	
<input type="checkbox"/> R17	Use an electronic translator or sign-dictionary to respond	
<input type="checkbox"/> T03	Take more breaks (no studying)	
<input type="checkbox"/> T04	Use extra time for any test	
<input type="checkbox"/> T07	Flexible scheduling, extra time within the same day (no studying)	

\*Applies to all WV MAP assessments, except as noted in the accommodation, if specific tests are not listed.

# INDIVIDUALIZED EDUCATION PROGRAM

Student's Full Name \_\_\_\_\_

Date \_\_\_\_\_

## PART VIII: PLACEMENT

Explain the extent, if any, to which the student WILL NOT participate in the general education classroom and/or extracurricular and other non-academic activities. Present levels of academic achievement and functional performance must explain why full participation is not possible.

\_\_\_\_\_

**Percentage of time in:**        \_\_\_ General Education Environment        \_\_\_ Special Education Environment

<b>Ages 6 – 21</b>	<b>WVEIS LRE Code</b>
<input type="checkbox"/> General Education: Full-Time (FT) 80% or more	0
<input type="checkbox"/> General Education: Part-Time (PT) 40% to 79%	1
<input type="checkbox"/> Special Education: Separate Class (SC) (general education less than 40%)	2
<input type="checkbox"/> Special Education: Special School (SS) Public or Private	3
<input type="checkbox"/> Special Education: Out-of-School Environment (OSE)	5
<input type="checkbox"/> Special Education: Residential Facility (RF) Public or Private	6
<input type="checkbox"/> Parentally placed in private school (Service Plan only)	8
<input type="checkbox"/> Correctional facility	9

<b>Ages 3 – 5</b>	<b>WVEIS LRE Code</b>
<b>For students in early childhood programs - Minutes per week in:</b>	
_____ a. Early childhood program with typical peers (including private community programs)	
_____ b. Special education or related services (individual or with students with disabilities only)	
_____ a divided by (a + b) x 100 = percentage	
<input type="checkbox"/> In the early childhood program at least 80% of time	J
<input type="checkbox"/> In the early childhood program 40% to 79% of time	K
<input type="checkbox"/> In the early childhood program less than 40% of time	L

<b>For students not in regular early childhood programs:</b>	<b>WVEIS LRE Code</b>
<input type="checkbox"/> Separate special education class	M
<input type="checkbox"/> Separate school	N
<input type="checkbox"/> Residential facility	P
<input type="checkbox"/> Home	R
<input type="checkbox"/> Service provider location	S

<b>Least Restrictive Environment Considerations</b>
<input type="checkbox"/> The school the student would normally attend, if not exceptional, was considered.
<input type="checkbox"/> Only schools and classroom settings that are appropriate to the student's chronological age were considered.
<input type="checkbox"/> Education in a general classroom with the use of supplementary aids and services was considered.
<input type="checkbox"/> The potentially harmful effects on the exceptional student and the quality of the student's services which might result from particular educational environments/placement were considered.
<input type="checkbox"/> Integration with age-appropriate non-exceptional peers was considered.

**INDIVIDUALIZED EDUCATION PROGRAM**

Page    of

Student's Full Name

Date

---

---

**PART IX: CONSENT**

**Complete ONLY for INITIAL PLACEMENT.**

I give my consent to my child's initial special education placement:

Parent Signature \_\_\_\_\_ **Date** \_\_\_\_\_

Parent Signature \_\_\_\_\_ **Date** \_\_\_\_\_

---

---

## MEDICAID CONSENT TO RELEASE INFORMATION FROM EDUCATIONAL RECORDS

**Student's Full Name**

**Date**

The county school district wishes to periodically apply for reimbursement for certain services provided to eligible children during the year by accessing Medicaid or other publicly funded benefits. This access will not result in any decrease in available lifetime coverage or any other insured benefit; will not result in any cost to the child or the child's family; will not increase any premium or lead to the discontinuation of the child's benefits or insurance; and will not create any risk of loss of the child's eligibility for West Virginia's Title XIX MR/DD Waiver Program based on aggregate health-related expenditures.

The county school system is providing the following Medicaid covered services to your child:

TYPE OF SERVICE	FREQUENCY (per week/month/year)	The service is provided outside the school system by:
<b>Audiology Services</b>		
<b>Occupational Therapy Services</b>		
<b>Physical Therapy Services</b>		
<b>Psychological Services</b>		
<b>Speech Therapy Services</b>		
<b>Nursing (RN) Specialized Procedures</b>		
<b>Personal Care Aide (direct 1:1)</b>		
<b>Specialized Transportation (vehicle)</b>		
<b>Specialized Transportation (aide)</b>		
<b>IEP-Development (Initial or Annual/Triennial Update)</b>		
<b>Care Coordination</b>	<b>One per month</b>	

If your child is receiving audiological, occupational therapy, physical therapy, psychological and/or speech services from a provider(s) **outside** the school system, please list the name of the provider(s) in the box(es) provided so that the school system does not duplicate the outside provider's Medicaid billing.

Medicaid reimbursement to districts is authorized by West Virginia Code 18-2-5b, effective March 15, 1990. These funds provide additional financial resources for the county's educational services. Regardless of the status of the consent, the school district will continue to provide your child's IEP services with available federal, state and/or local school district dollars.

I give my consent to release information from my child's educational records for the purpose of Medicaid billing.

Parent Signature: \_\_\_\_\_

Child's Medicaid Number: \_\_\_\_\_

Family Physician (optional): \_\_\_\_\_