

# IEP Individualized Education Program

THIS IEP WILL BE IMPLEMENTED DURING THE REGULAR SCHOOL TERM UNLESS NOTED IN SECTION 4 EXTENDED SCHOOL YEAR SERVICES

**DISTRICT:** Blocked Out

## CHILD'S INFORMATION

NAME: Bobby S ID NUMBER: 12345

STREET: Blocked Out GENDER: M  
GRADE: PK

CITY: Blocked Out STATE: OH  
ZIP: Blocked Out

DATE OF BIRTH: 8-20-20

DISTRICT OF RESIDENCE: Blocked Out

COUNTY OF RESIDENCE: Blocked Out

DISTRICT OF SERVICE: Blocked Out

Is the child in preschool? YES  
 NO

Will the child be 14 years old before the end of this IEP? YES  
 NO

Is the child younger than 14 years of age but has transition and postsecondary goal information? YES  
 NO

Is the child a ward of the state? YES  
 NO  
  
If yes, provide the name of the surrogate parent: \_\_\_\_\_

IEP by third birthday? (If transitioning from Part C services) YES  
 NO

## PARENT/GUARDIAN INFORMATION

NAME: Rebecca S.

STREET: Blocked Out

CITY: Blocked Out

STATE: OH ZIP: Blocked Out

HOME PHONE: Blocked Out WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: N/A

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: OH  
ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## OTHER INFORMATION



# Individualized Education Program

DISTRICT:

NAME:

ID NUMBER:

DATE OF BIRTH:

## MEETING INFORMATION

MEETING DATE: 9/28/2025

MEETING TYPE:

- INITIAL IEP
- ANNUAL REVIEW
- REVIEW OTHER THAN ANNUAL REVIEW

AMENDMENT

OTHER: \_\_\_\_\_

## IEP TIMELINES

ETR COMPLETION DATE: 8/28/2025

NEXT ETR DUE DATE: 8/27/2028

IEP EFFECTIVE DATES:

START: 9/28/2025

END: 9/27/2026

NEXT IEP REVIEW: 9/27/2026

## IEP FORM STATUS

(Check when complete)

- 1. FUTURE PLANNING
- 2. SPECIAL INSTRUCTIONAL FACTORS
- 3. PROFILE
- 4. EXTENDED SCHOOL YEAR SERVICES
- 5. POSTSECONDARY TRANSITION SERVICES
- 6. MEASURABLE ANNUAL GOALS
- 7. SPECIALLY DESIGNED SERVICES
- 8. TRANSPORTATION AS A RELATED SERVICE
- 9. NONACADEMIC AND EXTRA CURRICULAR
- 10. GENERAL FACTORS
- 11. LEAST RESTRICTIVE ENVIRONMENT
- 12. STATEWIDE AND DISTRICT TESTING
- 13. EXEMPTIONS
- 14. MEETING PARTICIPANTS
- 15. SIGNATURES

## AMENDMENTS: (Complete only if amending the IEP)

IEP SECTION AMENDED	THE SCHOOL DISTRICT AND PARENTS HAVE AGREED TO MAKE THE FOLLOWING CHANGES TO THE IEP	DATE OF AMENDMENT	PARTICIPANT & ROLE	INITIALS

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## FUTURE PLANNING

The team would like to see Bobby improve his social emotional skills, specifically with managing emotions and building peer relationships. Bobby enjoys making creations out of playdough, blocks, and drawing, so the team wants to continue to help foster his creativity. His mother would like to see him to continue exploring his creativity and to build his social emotional skills so that he can make more friends and communicate how he is feeling with others in a more appropriate way.

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## SPECIAL INSTRUCTIONAL FACTORS

Items checked "YES" will be addressed in this IEP:

- Does the child have behavior which impedes his/her learning or the learning of others? YES X NO
- Does the child have limited English proficiency? YES  NO X
- Is the child blind or visually impaired? YES  NO X
- Does the child have communication needs (required for deaf or hearing impaired)? YES  NO X
- Does the child need assistive technology devices and/or services? YES  NO X
- Does the child require specially designed physical education? YES  NO X



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## PROFILE

Child's profile to include Reading Improvement and Monitoring Plan (if applicable):

Bobby is a four-year-old boy who attends the integrated preschool classroom at BLOCKED OUT. This is his second year in the integrated preschool classroom at BLOCKED OUT. Previously, he attended the Athens Head Start program. His initial IEP was implemented in September 2024 for social emotional behavior and occupational therapy, under the disability category of Developmental Delay. On April 15, 2025, he was diagnosed with Attention Deficit Hyperactivity Disorder, combined type, by his primary physician, Blocked Out, DO. He is currently taking Adderall XR (extended release) and has been on this medication for four weeks.

Bobby lives at home with his mom, Rebecca, and his two-year-old sister, Blocked Out. His father, Dan, lives in a separate house but visits daily. At home, he enjoys building with legos and playing outside. At school, Bobby enjoys creating sculptures out of playdough, drawing detailed pictures, and building with different types of blocks. Bobby has mastered all age-appropriate self-care skills, including feeding himself using fingers and utensils, drinking from an open cup, putting on and taking off his own clothes, putting on and taking off his own velcro shoes, blowing his nose, using the bathroom independently, and washing his hands.

Bobby has age-appropriate fine motor skills, such as using a 3-finger grasp on writing utensils, using scissors correctly, undoing buttons, and using zippers. He previously participated in occupational therapy for his fine motor skills for the 2024-2025 school year. He was recently assessed using the Peobody Developmental Motor Scales (2nd edition), and the results of the screening indicated average fine motor skills with no further OT services recommended. He also has age-appropriate gross motor skills, including standing on one foot for 10 seconds, walking forward heel-to-toe, going up and down the stairs using a reciprocal pattern, kicking a ball, catching a ball, and throwing a ball. He displays coordination and balance during play on the playground in the classroom.

He uses full sentences to communicate and can carry on a back-and-forth conversation with an adult or a peer that he knows well. He has demonstrated that he does understand simple directions, but does not always follow directions if it involves a non-preferred activity. Bobby can occupy himself with toys for at least 10 minutes, typically engaging in parallel play with same-aged peers. With an adult, he will share toys and materials, play basic games, and engage in cooperative play. His previous IEP worked on using feeling words to express his emotions. Bobby has reached this goal and he does a great job identifying and naming his emotion and the reason that he feels that way. For small group activities, he often sits on the floor and cries, saying that he doesn't want to do the activity. Bobby needs to work on participating in non-preferred activities and initiating play with peers.

Bobby can count to 5, identify some numerals (0, 1, 2, 3, 4), count eight objects using one-to-one correspondence, copy and create simple AB patterns, name basic colors, and name some basic 2D shapes (circle, triangle, star, and heart). He can write his first name with a model and identify the letters in his first name. He can identify rhyming words, as well as blend and segment compound words and syllables in words.



## EXTENDED SCHOOL YEAR SERVICES

Has the team determined that ESY services are necessary?

YES

NO

If yes, what goals determined the need?

Will the team need to collect further data and reconvene to make a determination?

YES

NO

Date to Reconvene:



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## POSTSECONDARY TRANSITION

### POSTSECONDARY TRAINING AND EDUCATION

<b>MEASURABLE POSTSECONDARY GOAL:</b>				
<b>AGE-APPROPRIATE TRANSITION ASSESSMENT REGARDING POST SECONDARY TRAINING AND EDUCATION</b> (indicating student's needs, strengths, preferences and interests)				
<b>COURSES OF STUDY:</b>			<b>NUMBERS OF THE ANNUAL GOAL(S)</b> Related to Transition Needs	
<b>TRANSITION SERVICE/ACTIVITY</b>	<b>PROJECTED BEGINNING DATE</b>	<b>PROJECTED END DATE</b>	<b>FREQUENCY</b>	<b>PERSON/AGENCY RESPONSIBLE</b>

Click to add another activity

#### TYPE OF EVIDENCE INDICATING THE TRANSITION SERVICE HAS BEEN COMPLETED

- A. Anecdotal Record
- B. Checklist
- C. Work Sample
- D. Rubric
- E. Other (list) \_\_\_\_\_

### COMPETITIVE INTEGRATED EMPLOYMENT

<b>MEASURABLE POSTSECONDARY GOAL:</b>				
<b>AGE-APPROPRIATE TRANSITION ASSESSMENT REGARDING COMPETITIVE INTEGRATED EMPLOYMENT</b> (indicating student's needs, strengths, preferences and interests)				
<b>COURSES OF STUDY:</b>			<b>NUMBERS OF THE ANNUAL GOAL(S)</b> Related to Transition Needs	
<b>TRANSITION SERVICE/ACTIVITY</b>	<b>PROJECTED BEGINNING DATE</b>	<b>PROJECTED END DATE</b>	<b>FREQUENCY</b>	<b>PERSON/AGENCY RESPONSIBLE</b>

Click to add another activity

#### TYPE OF EVIDENCE INDICATING THE TRANSITION SERVICE HAS BEEN COMPLETED

- A. Anecdotal Record
- B. Checklist
- C. Work Sample
- D. Rubric
- E. Other (list) \_\_\_\_\_

### INDEPENDENT LIVING (as appropriate)

<b>MEASURABLE POSTSECONDARY GOAL:</b>
<b>AGE-APPROPRIATE TRANSITION ASSESSMENT REGARDING INDEPENDENT LIVING</b> (indicating student's needs, strengths, preferences and interests)



# IEP Individualized Education Program

DISTRICT:

NAME:

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DATE OF BIRTH:

<b>COURSES OF STUDY:</b>			<b>NUMBERS OF THE ANNUAL GOAL(S)</b> Related to Transition Needs	
<b>TRANSITION SERVICE/ACTIVITY</b>	<b>PROJECTED BEGINNING DATE</b>	<b>PROJECTED END DATE</b>	<b>FREQUENCY</b>	<b>PERSON/AGENCY RESPONSIBLE</b>

Click to add another activity

### TYPE OF EVIDENCE INDICATING THE TRANSITION SERVICE HAS BEEN COMPLETED

- A. Anecdotal Record
- B. Checklist
- C. Work Sample
- D. Rubric
- E. Other (list) \_\_\_\_\_

### FREQUENCY OF WRITTEN PROGRESS REPORTING TOWARD COMPLETION OF TRANSITION SERVICES/ACTIVITIES TO THE CHILD'S PARENTS

*Note: Progress Reports must be provided to parents of a child with a disability at least as often as report cards are issued to all children. If the district provides interim reports to all children, progress reports must be provided to all parents of a child with a disability. See OP-6B Transition Progress Report form.*

**TARGET DATE FOR CHILD TO GRADUATE:** \_\_\_\_\_



# Individualized Education Program

DISTRICT:

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## MEASURABLE ANNUAL GOALS

NUMBER: 1 AREA: Social Emotional Development

### PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Bobby is able to engage in cooperative play with adults, but has difficulty initiating and engaging in cooperative play with same-aged peers. During free play time, Bobby typically chooses to play by himself in the playdough center or construction center. If another child asks him to play, he does not respond to them 75% of the time. If an adult begins playing with him, he does participate in play with them. During small group instruction where the play is more structured, Bobby is typically able to engage in a back-and-forth game with a peer. The teacher has to initiate the interaction first for this to happen.

Bobby does have some relationship skills, including talking and cooperatively playing with adults, participating in structured back-and-forth games with peers that are set up by an adult, and playing with his little sister at home, according to parent reports. Typically, children this age are able to cooperatively play with peers. These skills relate to the Ohio ELDS of Social Emotional. 4. Relationship Skills: 4b. Develops socially competent behaviors with peers.

### MEASURABLE ANNUAL GOALS

Bobby will initiate and engage in cooperative play with peers, in 3 out of 4 naturally occurring opportunities during free play time with teacher prompts and modeling, by the end of his IEP, as measured by anecdotal records and checklists across four consecutive observations.

### METHOD(S) FOR MEASURING THE CHILD'S PROGRESS TOWARDS ANNUAL GOAL

- A. Curriculum-Based Assessment
- B. Portfolios
- C. Observation
- D. Anecdotal Records
- E. Short-Cycle Assessments
- F. Performance Assessments
- G. Checklists
- H. Running Records
- I. Work Samples
- J. Inventories
- K. Rubrics

### MEASURABLE OBJECTIVES

NUM	OBJECTIVE
1.1	With a visual or verbal prompt from a teacher, Bobby will initiate play with peers by asking if another student wants to play with him or asking if he can join in their play, in 3 out of 4 naturally occurring opportunities during free play time by the end of his IEP, as measured by anecdotal records and checklists across four consecutive observations.
1.2	With adult modeling and prompting, Bobby will engage in cooperative play with peers by sharing toys and materials with adult prompts, in 3 out of 4 observed opportunities during free play time, by the end of his IEP, as measured by anecdotal records and checklists across four consecutive observations.

### FREQUENCY OF WRITTEN PROGRESS REPORTING TOWARD GOAL MASTERY TO THE CHILD'S PARENTS

*Note: Progress Reports must be provided to parents of a child with a disability at least as often as report cards are issued to all children. If the district provides interim reports to all children, progress reports must be provided to all parents of a child with a disability. See OP-6A Progress Report form.*

Reported every 9 weeks

Click + to add new goal



# IEP Individualized Education Program

DISTRICT:

NAME:

ID NUMBER:

DATE OF BIRTH:



## MEASURABLE ANNUAL GOALS

NUMBER: 2 AREA: Social Emotional Development

### PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

In our classroom, small group instruction happens during free play time. Students are called to the back table to work with the teacher on academic and fine motor tasks. Most students in the classroom understand the routine and come to the back table when their name is called. When Bobby is called to the table for small group activities, he often sits on the floor and cries. He says that he is sad that we are making him do the activity. Refusing to participate in small group instruction is impacting his academic skills. He currently transitions from a preferred activity to a non-preferred activity 25% or less of the time during free play time.

In his ASQ:SE-2, his mom indicated that he "rarely" moves from one activity to the next with little difficulty in the home. During conversations, she expanded this by telling the team that when she needs Bobby to stop playing and brush his teeth, or do other non-preferred tasks, he cries and sits on the floor. Bobby is able to stay engaged in non-preferred activities once he transitions and begins the activity. This is an important skill for preschoolers to have. These skills that he needs to work on relate to the Ohio ELDS of Approaches to Learning. 1. Engagement and Persistence: 1a. Engages in new and unfamiliar experiences and activities. 1b. Completes activities with increasingly complex steps.

### MEASURABLE ANNUAL GOALS

Bobby will transition from a preferred activity/task to a teacher-directed task or routine in 3 out of 4 naturally occurring opportunities during free play time, with teacher prompts by the end of his IEP, as measured by anecdotal records and checklists across four consecutive observations.

### METHOD(S) FOR MEASURING THE CHILD'S PROGRESS TOWARDS ANNUAL GOAL

- A. Curriculum-Based Assessment
- B. Portfolios
- C. Observation
- D. Anecdotal Records
- E. Short-Cycle Assessments
- F. Performance Assessments
- G. Checklists
- H. Running Records
- I. Work Samples
- J. Inventories
- K. Rubrics

### MEASURABLE OBJECTIVES

NUM	OBJECTIVE
2.1	Given an auditory, visual, or verbal cue, Bobby will stop a preferred activity within 1 minute in 3 out of 4 naturally occurring opportunities during free play time, by the end of his IEP, as measured by anecdotal records and checklists across four consecutive observations.
2.2	Given an auditory, visual or verbal cue, Bobby will move to the designated space to begin the task within 1 minute in 3 out of 4 naturally occurring opportunities during free play time, by the end of his IEP, as measured by anecdotal records and checklists across four consecutive observations.

### FREQUENCY OF WRITTEN PROGRESS REPORTING TOWARD GOAL MASTERY TO THE CHILD'S PARENTS

Note: Progress Reports must be provided to parents of a child with a disability at least as often as report cards are issued to all children. If the district provides interim reports to all children, progress reports must be provided to all parents of a child with a disability. See OP-6A Progress Report form.

Reported every 9 weeks

Click + to add new goal



# IEP Individualized Education Program

DISTRICT:

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ID NUMBER:

DATE OF BIRTH:

## DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES

TYPE OF SERVICE		GOAL ADDRESSED	PROVIDER TITLE	LOCATION OF SERVICE
<b>SPECIALLY DESIGNED INSTRUCTION</b>				
Explicit instruction in cooperative play skills using modeling, prompting, and guided practice.		1	Intervention Specialist	Integrated Preschool Classroom
BEGIN: 9/28/2025	END: 9/27/2026	AMOUNT OF TIME: 30 minutes		FREQUENCY: Weekly

Bobby will receive specially designed instruction in a 1-1 or small group setting with no more than 4 students with the use of social stories, visual schedules and visual/auditory cues.		2	Intervention Specialist	Integrated Preschool Classroom
BEGIN: 9/28/2025	END: 9/27/2026	AMOUNT OF TIME: 20 minutes		FREQUENCY: Weekly

<b>RELATED SERVICES</b>				
BEGIN:	END:	AMOUNT OF TIME:		FREQUENCY:

<b>ASSISTIVE TECHNOLOGY</b>				
BEGIN:	END:	AMOUNT OF TIME:		FREQUENCY:

<b>ACCOMMODATIONS</b>				
Bobby benefits from the use of a first/then picture board throughout his entire school day. This helps him with transitions and understanding what is next in his schedule.				
BEGIN: 9/28/2025	END: 9/27/2026			

Bobby benefits from the use of visual timer, such as a time timer. This should be used to prepare for transitions from preferred to non-preferred activities, including free play to small group activities and free play to circle time.				
BEGIN: 9/28/2025	END: 9/27/2026			


<b>MODIFICATIONS</b>				
None required at this time.				
BEGIN:	END:			

<b>SUPPORT FOR SCHOOL PERSONNEL</b>				
Training for staff on supporting transitions using visual schedules and timers.				
BEGIN: 9/28/2025	END: 9/27/2026			

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# IEP Individualized Education Program

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## SERVICE(S) TO SUPPORT MEDICAL NEEDS

BEGIN:

END:

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## TRANSPORTATION AS A RELATED SERVICE

Does the child require special transportation?

YES  NO

Does the child need transportation to and from services?

YES  NO

Does the child need accommodations or modifications for transportation

YES  NO

If yes, check any transportation accommodations/modifications below that the child needs:

- The bus driver will be notified of the child's behavioral and/or medical concerns
- Aide (for transportation only)
- Specially Adapted Vehicle
- Wheelchair lift
- Safety Vest
- Car Seat
- Securement Systems

X Other – Specify: Bobby will be transported to and from school by a Federal Hocking Local School bus.

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## NONACADEMIC AND EXTRACURRICULAR ACTIVITIES

In what ways will the child have the opportunity to participate in nonacademic/extracurricular activities with their nondisabled peers?

Describe:

Bobby will have the same access to participate in non-academic/extracurricular activities as nondisabled peers.

If the child will not participate in non-academic/extracurricular activities, explain.

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## GENERAL FACTORS

HAS THE IEP TEAM CONSIDERED:

- The strengths of the child? YES  NO
- The concerns of the parents for the education of the child? YES  NO
- The results of the initial or most recent evaluation of the child? YES  NO
- As appropriate, the results of performance on any state or district-wide assessments? YES  NO
- The academic, developmental and functional needs of the child? YES  NO
- Regarding the Third Grade Reading Guarantee, is the child on-track for reading? YES  NO  NA

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## LEAST RESTRICTIVE ENVIRONMENT

For School Age:

Does the child attend the school they would attend if not disabled?

YES  NO

If no, justify:

[Empty text box for justification]

Does the child receive all special education services with nondisabled peers?

YES  NO

If no, justify (justification may not be solely because of needed modifications in the general education curriculum):

[Empty text box for justification]



# IEP Individualized Education Program

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### For Preschool:

Does the child attend a general education setting?

YES  NO X

Does the child receive all of his/her special education and related services embedded within regular classroom routines and activities?

YES X NO

What prevents the child from receiving special education and/or related services embedded with the regular classroom routines and activities?

N/A

What prevents the child from being able to attend a general education setting?

The IEP team considered meeting Bobby's needs in the general education classroom with supplementary aids and services. However, due to his social-emotional needs, which include a need for direct modeling, prompting, and guided practice, Bobby will receive specially designed instruction in the Integrated Preschool Classroom where individual appropriate pacing and corrections can occur.

Who provides the child with instruction in the general education curriculum?

Intervention Specialist, who is also the classroom teacher



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## STATEWIDE AND DISTRICT WIDE TESTING

Is the child participating in the Alternate Assessment for Students with Significant Cognitive Disabilities (AASCD)? YES  NO

Click below for guidance in considering AASCD:

[Ohio's Alternate Assessment Participation Decision-Making Tool](#)

If yes, justify the choice of alternate assessment and address why it is appropriate below:

### Accessibility on district and statewide tests

Will the child participate in district wide and statewide assessments with accommodations? YES  NO

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

**1. DISTRICT TESTING** (Note specific test or tests that student will be taking and any differences in allowable accommodations that may be test specific within the classroom across the district)

AREA	ASSESSMENT TITLE	DETAIL OF ACCOMMODATIONS
<input type="checkbox"/> ELA		
<input type="checkbox"/> Mathematics		
<input type="checkbox"/> Science		
<input type="checkbox"/> Social Students		
<input type="checkbox"/> Other:		

**2. STATEWIDE TESTING** (Note specific test or tests that student will be taking and any differences in allowable accommodations that may be test specific)

AREA	ASSESSMENT TITLE	DETAIL OF ACCOMMODATIONS
<input type="checkbox"/> ELA		
<input type="checkbox"/> Mathematics		
<input type="checkbox"/> Science		
<input type="checkbox"/> Social Students		
<input type="checkbox"/> Other:		



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## EXEMPTIONS

**Third Grade Reading Guarantee** (See [The Ohio Third Grade Reading Guarantee Guidance Manual](#) for details)

Applicable  NA

Does the child have a significant cognitive disability?

YES  NO

**If yes**, the child is not required to take the reading diagnostic assessment and is, therefore, removed from all the provisions of the Third Grade Reading Guarantee (including retention).

**If no**, the team considered all data and made the following decision (check one):

Not to exempt the child from the retention provision of the Third Grade Reading Guarantee

To exempt the child from the retention provision of the Third Grade Reading Guarantee

## Graduation Tests

Applicable  NA

Is the child excused from the consequences of not passing required graduation tests?

YES  NO

The child is excused from the consequences of not passing the required graduation tests in the following subjects:

Category	Course Title	Justification

## Other Assessments

Applicable  NA

Assessment	Justification



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## MEETING PARTICIPANTS

### THIS IEP MEETING WAS:

- Face-to-Face Meeting
- Video Conference
- Telephone Conference/Conference Call
- Other

### IEP EFFECTIVE DATES:

START: \_\_\_\_\_

END: \_\_\_\_\_

DATE OF NEXT

IEP REVIEW: \_\_\_\_\_

### IEP MEETING PARTICIPANTS

THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP:

NAME (Print)	POSITION	SIGNATURE	DATE

### PEOPLE NOT IN ATTENDANCE WHO PROVIDED INFORMATION AND RECOMMENDATIONS:

NAME (Print)	POSITION	SIGNATURE	DATE

\*IF THE GENERAL EDUCATION TEACHER, INTERVENTION SPECIALIST, DISTRICT REPRESENTATIVE OR PERSON KNOWLEDGEABLE ABOUT THE INSTRUCTIONAL IMPLICATIONS OF THE EVALUATION DATA HAVE SIGNED AS NOT IN ATTENDANCE AT THE IEP MEETING, THERE MUST BE A WRITTEN EXCUSE ON FILE.

\*\*THE STUDENT IS A PREFERRED MEMBER UP TO AGE 18 WHEN THEY BECOME A REQUIRED MEMBER UNLESS THERE IS NO TRANSFER OF GUARDIANSHIP.



# IEP Individualized Education Program

DISTRICT: \_\_\_\_\_

NAME: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_



## SIGNATURES

### INITIAL IEP

- I give consent to initiate special education and related services specified in this IEP. \*
- I give consent to initiate special education and related services specified in this IEP except for \*\*

AREA: \_\_\_\_\_

- I do not give consent for special education and related services at this time. \*\*

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### IEP ANNUAL REVIEW (Not a Change of Placement)

- I agree with the implementation of this IEP \*
- I am signing to show my attendance/participation at the IEP team meeting, but I do not agree with the following special education and related services specified in this IEP. \*\*

AREA: \_\_\_\_\_

*Note: Not a Change of Placement does NOT require a parent's signature to implement the IEP.*

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### IEP REVIEW (Change of Placement)

- I give consent for the Change of Placement as identified in this IEP. \*
- I do not give consent for the Change of Placement as identified in this IEP. \*\*
- I revoke consent for all special education and related services. \*\*

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### PROCEDURAL SAFEGUARDS NOTICE

The parent received a copy of the Procedural Safeguards Notice at the IEP Meeting in the following form:

\_\_\_\_\_ YES  NO  IF NO, DATE SENT TO PARENTS: \_\_\_\_\_

#### Transfer of Rights at Age of Majority

By the child's 17<sup>th</sup> birthday, the child and the child's parents or surrogate parent received a copy of their procedural safeguards notice informing them that the transfer of procedural safeguard rights under IDEA will take place on the child's 18<sup>th</sup> birthday.

YES  NO

CHILD'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### COPY OF THE IEP

The parents received a copy of the IEP at the IEP meeting. YES  NO  IF NO, DATE SENT TO PARENTS: \_\_\_\_\_

\* The district must provide prior written notice to the parents summarizing the outcome of the IEP meeting before implementing the IEP.

\*\* If there is not agreement or consent is revoked, the district must provide prior written notice to the parents.



# IEP Individualized Education Program

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## CHILDREN WITH VISUAL IMPAIRMENTS

This form shall be completed during the IEP meeting for each child who has a visual impairment, as defined by Ohio's Amended Substitute House Bill Number 164, which requires a statement specifying one or more reading and writing media in which instruction is appropriate to meet the child's educational needs. **A copy of this completed form is part of, and must be attached to, the child's IEP form.**

1. Annual assessment of reading and writing skills was conducted with each child in all media considered appropriate. The results of these assessments are included in "Present Levels of Academic Achievement and Functional Performance" on the IEP and indicate both strengths and weaknesses.  YES  NO
  
2. The IEP contains a requirement for instruction in Braille reading and writing when that medium is appropriate and is indicated by adding "Unified English Braille" as a special service in Section 7.  YES  NO
  
3. Instruction in Braille reading and writing was carefully considered for this child and pertinent literature describing the educational benefits of instruction in Braille reading and writing was reviewed by the persons developing this child's IEP.  YES  NO
  
4. The following visual condition(s) was taken into account and discussed in making the above decision:  YES  NO
  - Condition is degenerative and progressive loss is expected.
  - Condition is currently unpredictable in nature and will be reviewed if change in visual condition is noted.
  - Condition is temporary and expected to improve.
  - Condition is stable and will be monitored.
  
5. Indicate the appropriate instructional media
  - Unified English Braille
  - Large Print
  - Regular Print
  - Tape/auditory
  - Pre-reader
  
6. Complete if Braille reading and writing ARE appropriate at this time
  - Annual goals provided
  - Short-term objectives provided
  - Date of initiation indicated
  - Frequency and duration of instructional sessions indicated
  - Level of competency to be achieved annually indicated
  - Objective determinants used to measure achievement provided
  
7. Reasons Braille reading and writing ARE NOT appropriate this time
  - Documented visual acuity allowing the choice of larger type/regular type
  - Child is considered a pre-reader
  - Other: