

Individualized Education Program

Early Childhood Special Education
(Rev. 7/99)

Effective dates of the IEP (month/day/year)

____/____/____ to
____/____/____

A. Student Name (Last, First, MI)		Birthdate (month/day/year)		Sex	
		____/____/____		[] M [] F	
Grade	Race	Student's Primary Language or Communication Mode			
	1 2 3 4 5				
Current Address		City	State	Zip	Phone Number
Serving School		City	State	Zip	Phone Number
Resident School (If different from serving school)		Student Social Security Number (Optional)			
School District of Residence (If different from serving district)		Check items that apply.			
		[] Open Enrolled in same district		[] Agency Placed	
		[] Open Enrolled in another district		[] Home Education	

B. Name of Parent(s)		Home Telephone Number		Other Telephone Number	
Address (if other than Student's Permanent Residence Address)				Primary Language at Home	
Is there a Guardian/Educational Surrogate/Foster Parent		[] Yes [] No		Name:	
[] Guardian [] Educational Surrogate [] Foster Parent					
Address		City	State	Zip	

C. IEP Case Manager		Telephone Number	
IEP Type	Date of Last Comprehensive Individual Assessment Report (month/day/year)		
[] Initial [] Annual	____/____/____		
Federal Child Count Code	Primary Disability	Secondary Disability(ies)	
J K L M N O P Q			

D. Date of IEP Meeting (month/day/year)	List Names of All Team Members	Check Attendance
____/____/____		
*Parent		[] Yes [] No
Parent		[] Yes [] No
Student		[] Yes [] No
Administrator/Designee		[] Yes [] No
Special Ed Teacher		[] Yes [] No
General Ed Teacher		[] Yes [] No
Representative of district of residence		[] Yes [] No
		[] Yes [] No
		[] Yes [] No
		[] Yes [] No
		[] Yes [] No
		[] Yes [] No

* If the parent did not attend the IEP meeting, describe effort to arrange a mutually agreed upon time and place. Include date, contact, and outcome of each effort.

E. Present Levels of Educational Performance

The present level of educational performance is an integrated summary of information from all sources including the student's family. Summarize and discuss parent information and student progress toward previous goals and objectives. Include the parents' perspectives and insights about their child's learning strategies, social skills, interests, and any existing medical diagnoses that are important contributions to creating a description of the whole child. The statement should include current information about the student's specific strengths and weaknesses, progress in the general education curriculum, unique patterns of functioning, and implications of the problem areas on the student's total functioning. Performance areas to be considered include the following:

- ✓ Cognitive functioning
- ✓ Academic performance
- ✓ Communicative status
- ✓ Motor ability
- ✓ Sensory status
- ✓ Health/physical status
- ✓ Emotional and social development, and behavior skills (including adaptive behavior, if applicable), ecological factors
- ✓ Functional skills, community participation

F. Annual Goals, Short-Term Objectives, and Characteristics of Services

Use one page for each annual goal. Thoroughly state the annual goal. Annual goals should be reasonably achieved in one year and should be unique to the student. Related Services should appear ONLY as objectives that are integrated into the student's instructional program.

Annual Goal (behavior or skill, desired ending level of achievement, intent or purpose of the behavior):

Goal # _____ of _____ goals

Short-Term Instructional Objectives and Characteristics of Services:

List *objectives* for each goal including conditions under which the behavior is performed, the specific behavior, measurable criteria, evaluation procedures, and schedules for determining if objectives are being achieved (initiation date, dates for progress checks). The person responsible for monitoring progress will be added upon completion of Section J.

For each objective, consider and document the following *characteristics of services* information:

Does the performance specified in the objective(s) promote the child's involvement and progress in the general education curriculum?

How might services be modified to enable greater involvement and progress in the curriculum? Describe the needed modifications or adaptations.

If the child will not participate in the general education curriculum, provide a justification for the alternative selected. Describe the specially designed instruction (e.g., specially designed driver education) or supportive training related to the disability (e.g., braille instruction/occupational therapy).

Who will provide the modifications/adaptations OR the specially designed instruction/supportive training related to the disability described above?

Progress reporting to parents will occur at least as often as reporting in general education (report cards). Reports will be provided every:

6 weeks 9 weeks Other schedule (specify: _____)

**I. Least Restrictive Environment Justification
Early Childhood Special Education Only**

This page is intended as a SUMMARY for all Goals, Objectives, Characteristics of Services, Adaptations, and Special Education and Related Services information included on pages 3 and 4. **Note: Use this setting information to circle the federal child count code in Part C on front page of the IEP.**

SETTING:

- J. Early Childhood Setting
- K. Early Childhood Special Education Setting
- L. Home
- M. Part-Time Early Childhood/Part-Time Early Childhood Special Education Setting
- N. Residential Facility
- O. Separate Schools
- P. Other Services Outside the Home (Optional) _____
- Q. Reverse Mainstream Setting (Optional) _____

Describe other options considered, and provide reasons those options were rejected. Explain why options selected above are the most appropriate and the least restrictive.

Is there a potential harmful effect to the student with this placement? Yes No

Is there a potential harmful effect to the student's peers with this placement? Yes No

If yes to either questions, make sure the explanation for selection of the placement option documents this concern for potential harmful effect.

J. Special Education and Related Services

*Services	Min./ Week	Starting Date (month/day/year)	Service Provider and Telephone	Location of Services Building Name AND Room (if another school district, provide district name)

* The duration of these services may not exceed one year (12 months) from the date of this IEP.

Extended school year must be considered for each student with a disability and justification for the decision made must be stated below.

- The review of each goal indicates that an extended school year is needed.
- The review of each goal indicates that services will be in effect for the normal school year.
- The team needs to collect further data before making this determination and will meet again by _____