

INDIVIDUALIZED EDUCATION PROGRAM TEAM REPORT

IEPT Date: _____

DEMOGRAPHIC INFORMATION

Name: _____ Student ID: _____ DOB: _____ Ethnic Code: _____ Sex: _____ Address: _____ City: _____ Zip: _____ Parent: _____ Parent/Guardian/Surrogate Type _____ Phone# _____ Phone: _____ School: _____ Gr: _____ District: Oper: _____ Res: _____	Native language of student: _____ (as provided by parent/guardian/surrogate) Limited English Proficiency <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter needed for parent? <input type="checkbox"/> Yes <input type="checkbox"/> No Individual Family Service Plan (IFSP) Date: _____ <input type="checkbox"/> NA <p align="center">PURPOSE (check all that apply)</p> <input type="checkbox"/> Initial IEP Post Initial: <input type="checkbox"/> Three Year IEP <input type="checkbox"/> Add/Remove/Change <input type="checkbox"/> Annual IEP <input type="checkbox"/> Transition <input type="checkbox"/> Manifestation Determination <input type="checkbox"/> Graduation or Age 26 <input type="checkbox"/> Behavior Review <input type="checkbox"/> Other: _____
<p>EVALUATION REVIEW INFORMATION</p> Most recent evaluation review date: _____ <p>REEVALUATION INFORMATION</p> Initial/most recent Three Year IEP date: _____ Previous Post Initial IEP date: _____	<p>MET INFORMATION</p> Most recent MET date: _____ MET Summary Attached: <input type="checkbox"/> Yes <input type="checkbox"/> Not Required

PARENT CONTACT

Parent/guardian/surrogate invited and explained purpose of meeting by: _____ Person Method Date
 Follow-up contact by: _____ Person Method Date

PARTICIPANTS (Signature indicates participation only: include title.)

District Representative (required)	General Education Teacher
MET Representative (required for initial and all other multidisciplinary evaluations)	Parent/Guardian/Surrogate
Special Education Provider (required)	Student
Other/title	Other/title
Other/title	Other/title
Other/title	Other/title

Initials indicate parent agreement to excuse the participant (unless previously obtained in writing).

ELIGIBILITY

The student is eligible for special education programs/services per the special education rule number(s) below.

Designate primary (P) Disability with a

- | | | |
|--|---|--|
| <input type="checkbox"/> 340.1705 Cognitive Impairment | <input type="checkbox"/> 340.1709a Other Health Impairment | <input type="checkbox"/> 340.1714 Severe Multiple Impairment |
| <input type="checkbox"/> 340.1706 Emotional Impairment | <input type="checkbox"/> 340.1710 Speech & Language Impairment | <input type="checkbox"/> 340.1715 Autism Spectrum Disorder |
| <input type="checkbox"/> 340.1707 Hearing Impairment | <input type="checkbox"/> 340.1711 Early Childhood Developmental Delay | <input type="checkbox"/> 340.1716 Traumatic Brain Injury |
| <input type="checkbox"/> 340.1708 Visual Impairment | <input type="checkbox"/> 340.1713 Specific Learning Disability | <input type="checkbox"/> 340.1717 Deaf-blindness |
| <input type="checkbox"/> 340.1709 Physical Impairment | | |

Specific Learning Disability Details: _____

The student is ineligible for special education programs/services per special education rule number(s) below.

PROGRAMS AND SERVICES DETERMINED APPROPRIATE TO MEET THE STUDENT'S NEEDS

EXTENT OF SERVICES

	TIME		FREQUENCY	
	to	MIN HRS	to	WK MO
Teacher Consultant 340.1832 (1)(e)				
Speech & Language 340.1745				
Resource Program 340.1832 (1)(e) a <input type="checkbox"/> elementary b <input type="checkbox"/> secondary FOR ASSIGNMENT TO RESOURCE PROGRAM: If the resource teacher's endorsement does not match the student's eligibility, does the team determine it is necessary to assign a Teacher Consultant to the resource teacher? <input type="checkbox"/> NO <input type="checkbox"/> YES		HRS		per WK
Categorical Classroom 340.17____; 340.1832(1)(e) 1832 SCI 1741 EI 1744 POHI 1832 SXI 1756 SLI (opt.) 1739 MoCI 1742 HI 1746 H/H 1754 ECP 1832 AI 1832 MiCI 1743 VI 1832 LD 1755 ECS		HRS		per WK
		HRS		per WK

Is this special education program departmentalized? 340.1832 (1)(e) NO YES

Is there a need for placement with a teacher with a particular endorsement? NO YES

Is the severity of the student's impairment such that it requires a licensed practitioner authorization for daily personal care services? NO YES

Related Services 340.1701c(a)	TIME		FREQUENCY	
	to	MIN HRS	to	WK MO

The extent of service identified above is understood by all IEPT participants.
Total hours in school: _____ to _____ per _____ WK
General Ed: _____ to _____ per _____ WK
Special Ed: _____ to _____ per _____ WK / MO

DATE FOR INITIATION OF PROGRAMS & SERVICES: _____ (All special education programs/services are projected to begin on this date unless other-wise indicated in the comments section)
MONTH/DAY/YEAR

ANTICIPATED DURATION OF SERVICE: Until next IEP Until date: _____

ESY considered and not needed.
 ESY considered and needed. Specify: _____

Comments:

LEAST RESTRICTIVE ENVIRONMENT (LRE) CONSIDERATIONS N/A

CURRICULUM
 The student will be fully involved in:
 The general education curriculum. (required for MDE endorsed diploma beginning with class of 2011)
 An alternate curriculum.
 Both the general education and alternate curriculum.

SETTING
 The student will be provided:
 All special education programs and services in the general education setting.
 All special education programs and services in a special education setting.
 All special education programs and services in both the general education and special education settings.

NON-ACADEMICS
 The student will have the same opportunity as general education students to participate in non-academic and extracurricular activities.
 Yes No (Explain) _____

INSTRUCTIONAL SETTING: Age 6-26 _____ code Age 3-5 _____ code Age 0-2 _____ code

ADDITIONAL CONSIDERATIONS

Identify supplementary services not listed in PROGRAMS AND SERVICES on page 3 that are needed to assist the student and/or instructional staff:

Support Service Personnel	Extent of Service		FREQUENCY		Location	
	TIME			WK	General Education	Special Education
_____	/	MIN HRS	/	MO	<input type="checkbox"/>	<input type="checkbox"/>
_____	/	MIN HRS	/	MO	<input type="checkbox"/>	<input type="checkbox"/>

(The beginning and duration of supplementary services is the same as identified in PROGRAMS/SERVICES on page 3 unless otherwise indicated in the COMMENTS section.)

Identify other program modifications/accommodations/supports that will be provided on behalf of the student:

Extent of Service (☑ one):

Location:

Modifications/Accommodations/Supports	C*	Extent of Service (☑ one):				Location:	
		Daily	Weekly	Monthly	Quarterly	General Education	Special Education
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Checking C indicates that the frequency of the modification is variable and is appropriately determined by the teacher and the student's Curriculum.

Additional Comments/Information:

REPORTING PROGRESS: The parents will be regularly informed in writing of progress on goals and objectives of this IEP, **concurrent** with report card periods applicable to general education students.

PHYSICAL EDUCATION: Regular Special Requirement Completed (Secondary)

SPECIAL TRANSPORTATION: Is special transportation required? NO YES

If YES, is a **Specially Adapted Bus** required to transport the student? NO YES

Special transportation requirements: _____

ACCESSIBILITY: The team has considered the student's needs with respect to facility accessibility. YES

Needs: _____

TRANSITION SERVICES:

- YES, transition plan has been completed and is attached for students 16 years of age during the IEP year, (younger if appropriate).
- NO, transition planning is not appropriate, student is too young.

COURSE OF STUDY (for high school): NA

- General and/or special education classes leading to diploma
- General education classes leading to an MDE endorsed diploma (beginning with class of 2011)
- Course of study leading to a certificate of completion

Projected graduation/Age 26: Student will no longer receive programs and services because graduation requirements will be met or student reaches age 26 by the end of the year.

Immediate graduation/Age 26: Previous IEP of _____ remains in effect through the end of the school year.

MICHIGAN EDUCATIONAL ASSESSMENT SYSTEM (MEAS)

Utilization of non-standard accommodations or an alternate assessment will result in waiver of state-level proficiency incentives, per state guidelines.

MEAP

- MEAP
- MEAP with accommodations
- No (response required below)
- NA

MME

- MME
- MME with accommodations
- No (response required below)
- NA

District Testing: Yes No NA

- Reading _____
- Math _____
- Other _____

Standard testing accommodations:

English/Language Arts

- Extended Time
- Small group administration
- Alternate location
- Word process equipment
- MME Audio
- Other _____
- Other _____

Math

- Extended Time
- Small group administration
- Alternate location
- Word process equipment
- Test read
- Audiotape/CD test
- Calculator use
- Other _____

Science

- Extended Time
- Small group administration
- Alternate location
- Word process equipment
- Test read
- Audiotape/CD test
- Other _____
- Other _____

Social Studies

- Extended Time
- Small group administration
- Alternate location
- Word process equipment
- Test read
- Audiotape/CD test
- Other _____
- Other _____

Other accommodations by test:

If NO, state why the assessment is not appropriate.

Identify the alternate assessment:

MI Access: Supported Independence. Grade _____ Participation. Grade _____ Functional Independence

Standard testing accommodations:

English/Language Arts

- Small group administration
- Alternate location
- Word process equipment
- Other _____
- Other _____

Math

- Small group administration
- Alternate location
- Word process equipment
- Test read
- Audiotape/CD test
- Calculator use
- Other _____

Science

- Small group administration
- Alternate location
- Word process equipment
- Test read
- Audiotape/CD test
- Other _____
- Other _____

Social Studies*

- Small group administration
- Alternate location
- Word process equipment
- Test read
- Audiotape/CD test
- Other _____
- Other _____

*Indicate how the student will be assessed in social studies:

Alternate district test(s):

IEPT RECOMMENDATIONS

- Provide programs/services as indicated.
- Termination of Services: No longer eligible Graduation/Age 26 Other: _____
- Not found eligible for special education.
- Adjourned. Reason: _____ Projected date to reconvene: _____

The building principal/designated case manager is responsible for implementation of the IEP.

Any participant who disagrees with the team's determination may indicate the reasons below. A dissenting report attached: Yes No

COMMITMENT SIGNATURES

Resident district agrees with the IEP and unless otherwise assigned below, assigns the student, if eligible, to _____ Program/School.	
<input type="checkbox"/> Resident district authorizes the nonresident operating district to conduct post-initial IEP meetings. <input type="checkbox"/> Resident district does not agree with the IEP and requests a due process hearing.	
RESIDENT DISTRICT: _____	Date Signed _____
Signature of Resident District Superintendent or Designee	
NONRESIDENT OPERATING DISTRICT:	
Nonresident operating district agrees with the IEP and assigns the student, if eligible to _____ Program/School.	
<input type="checkbox"/> Nonresident district does not agree with the IEP and requests a due process hearing.	
_____	Date Signed _____
Signature of Nonresident Operating District Superintendent or Designee	

PARENT/GUARDIAN/SURROGATE/STUDENT COMMITMENT:	
I have been informed of my rights and the procedural safeguards available to me. (The student will receive this information at age 17)	<input type="checkbox"/> YES <input type="checkbox"/> NO
I have been informed that the student is subject to the district's code of conduct.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> I understand the content of this IEP. <input type="checkbox"/> I agree with this IEP. <input type="checkbox"/> I give consent to invite agency representatives to future IEP meetings, and understand that consent may be revoked at any time. (for students who have a Transition Plan) <input type="checkbox"/> I do not agree with this IEP, but will allow its implementation. <input type="checkbox"/> I do not agree with this IEP and request a meeting within seven days. <input type="checkbox"/> I do not agree with this IEP and request mediation <input type="checkbox"/> I do not agree with this IEP and intend to request a due process hearing.	
_____	Date Signed _____
Signature of Parent/Guardian/Surrogate/Student	

Date Report Sent
