

**INDIVIDUALIZED EDUCATION PROGRAM TEAM REPORT**

IEPT Date: \_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

Name: _____ Student ID: _____ DOB: _____ Ethnic Code: _____ Sex: _____ Address: _____ City: _____ Zip: _____ Parent: _____ <div style="text-align: center; font-size: small;">Parent/Guardian/Surrogate</div> <div style="display: flex; justify-content: space-around; font-size: x-small;"> <span>Type</span> <span>Phone#</span> </div> Phone: _____ School: _____ Gr: _____ District: Oper: _____ Res: _____	Native language of student: _____ <div style="text-align: right; font-size: x-small;">(as provided by parent/guardian/surrogate)</div> 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"><b>PURPOSE</b> (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"/> Behavior Review <input type="checkbox"/> Graduation or Age 26 <input type="checkbox"/> Other: _____	

**EVALUATION REVIEW INFORMATION**

Most recent evaluation review date: \_\_\_\_\_

**REEVALUATION INFORMATION**

Initial/most recent Three Year IEP date: \_\_\_\_\_

Previous Post Initial IEP date: \_\_\_\_\_

**MET INFORMATION**

Most recent MET date: \_\_\_\_\_

MET Summary Attached:  Yes  Not Required

**PARENTAL CONSENT INFORMATION**

Date/receipt of parent consent for initial evaluation: \_\_\_\_\_

**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: \_\_\_\_\_

- No goal areas of concern-ESY not needed
- IEP goal(s) reviewed-ESY not needed
- IEP goal(s) reviewed-ESY needed as follows:

**Comments:**

**LEAST RESTRICTIVE ENVIRONMENT (LRE) CONSIDERATIONS**  N/A

The student will:

Be fully involved in and make progress in the general education curriculum.

Yes  No \_\_\_\_\_  
 (Explain) \_\_\_\_\_

Fully participate with students who are nondisabled in the general education setting except for the time spent in special education programs/services specified on this IEP.

Yes  No \_\_\_\_\_  
 (Explain) \_\_\_\_\_

Have the same opportunity as general education students to participate in non-academic and extracurricular activities.

Yes  No \_\_\_\_\_  
 (Explain) \_\_\_\_\_

**INSTRUCTIONAL SETTING:**  Age 6-26 \_\_\_\_\_  Age 3-5 \_\_\_\_\_  Age 0-2 \_\_\_\_\_

**ADDITIONAL CONSIDERATIONS**

Identify supplementary services personnel 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
_____	/	<del>MIN</del> HRS	/	MO	<input type="checkbox"/>	<input type="checkbox"/>
_____	/	<del>MIN</del> 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				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):**  N/A

- General and/or special education classes leading to a 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 school 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
- MEAP Access
- MEAP Access 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:**

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If NO, state why the assessment is not appropriate.

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**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: \_\_\_\_\_

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Alternate district test(s): \_\_\_\_\_

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**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: _____	
Signature of Resident District Superintendent or Designee	Date Signed
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.	
Signature of Nonresident Operating District Superintendent or Designee	Date Signed

<b>PARENT/GUARDIAN/SURROGATE/STUDENT COMMITMENT:</b>	
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 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.	
Signature of Parent/Guardian/Surrogate/Student	Date Signed

Date Report Sent

\_\_\_\_\_