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## Individualized Education Program

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**Begin Date:** 09/14/20XX

**End Date:** 09/13/20XX

**Amendment Date:** 11/01/20XX

- Initial IEP       Annual Review       Re-evaluation       IEP Amendment       Extended Year  
 Stay Put       Court Ordered       Placement

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### Student Information

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**Student Name:** Jane Smith

**SASID ID:** 000000000

**SPED ID:** 000000000

**Date of Birth:** 10/04/2004

**Primary Language:** English

**Age:** 15

**Gender:** F

**Grade:** 9th

**Street:** 1 Evergreen Terrace

**Town:** Somers

**State/Zip:** NH 12345

**Home Phone:** (603) 555-1212

**Work Phone:**

**Email:**

**Primary Disability:** Specific Learning Disability

**Secondary Disability:**

**Third Disability:**

**Next Date of 3 Year Evaluation:** 10/01/2021

**Court Placement Date:**

**District of Liability:** Anytown

**Town of Residence:** Somers

**Case Manager:** Fred Rodgers

**Phone Number:** (603) 271-0000

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### Parent/Guardian Information

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**Name:** John and Anne Smith

**Relationship to Student:** Both Parents

**Primary Language of Parent:** English

**Street:** 1 Evergreen Terrace

**Town:** Somers

**State/Zip:** NH 12345

**Phone:** (603) 555-1212

**Work Phone:** (603) 987-6543

**Email:** thesmiths@email.com

**Name:**

**Relationship to Student:**

**Primary Language of Parent:**

**Street:**

**Town:**

**State/Zip:**

**Phone:**

**Work Phone:**

**Email:**

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## **Present Levels of Academic Achievement and Functional Performance**

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**Describe the student's strengths:**

Describe the Student's Strengths

**Describe the Student's:**

**Academic Needs:**

Describe the student's academic needs

**Developmental Needs:**

Describe the student's developmental needs

**Functional Needs:**

Describe the student's functional needs

**Describe the Parent Concerns for Improving the Student's Education:**

Describe the Parent Concerns for Improving Student's Education

**Results of Additional Information about the student to be considered (including the Most Recent Evaluations):**

Additional Information about the Student to be considered including most recent evaluations

**Describe how the student's disability affects the student's involvement and progress in the general curriculum:**

Describe how the student's disability affects the student's involvement and progress in the general curriculum

**Describe how the student's disability affects non-academic areas:**

Describe how the student's disability affects non-academic areas

**For preschool students, as appropriate, how the disability affects the student's participation in appropriate activities:**

If/if not a preschooler

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## Consideration of Special Factors in Developing IEP

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*These are a non-exhaustive list of Special Factors. If the team determines in their consideration of special factors that the student needs a particular device, service, accommodation or modification in order for the child to receive a FAPE the Department anticipates the IEP will reflect that determination.*

**In the case of a child whose behavior impedes the child's learning or that of others, has the team considered the use of positive behavioral interventions and supports, and other strategies, to address that behavior?**

List factors or if child's behavior does not impede his/her learning or the learning of others

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**In the case of a child with limited English proficiency, did the team consider the language needs of the child as those needs relate to the child's IEP?**

List if child does/does not have limited English proficiency

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**In the case of a child who is blind or visually impaired, did the IEP team determine, after an evaluation of the child's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is appropriate for the child?**

List if child is/is not blind or visually impaired

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**Does the student have communication needs?** List if child does/does not have communication needs

**If yes, and this child is deaf or hard of hearing, the team considered the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode.**

List if child is/is not deaf or hard of hearing

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**Does the child need assistive technology devices and services?**

List if child does/does not need assistive technology

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**Does the student have medical, sensory or physical impairments?** No

**If yes,**

- (a) what are they or cite relevant descriptions on previous pages?
- (b) what is needed or being done or may cite to relevant sections of the IEP?

## Transition Student's Preferences, Needs and Interests

**Was the student invited to the IEP meeting?** If student is 14 years of age or older, List if present, if not, skip transition  
**Did the student attend the IEP meeting?** Yes, or see above

Student's Post-Secondary Goals (Based on student's preferences, needs and interests)	Present Levels of Performance
<b>1. Post-Secondary Education/Training Goal: (e.g. 2 or 4 year college, vocational education, continuing and adult education, training program, or on-the job training)</b> Post-Secondary Education/Training Goal	<b>Current Academic and Functional Levels in Preparation for Post-Secondary Education/Training:</b>  Current Academic and Functional Levels in Preparation for Post-Secondary Education/Training:
<b>2. Post-Secondary Employment Goal:</b>  Post-Secondary Employment Goal	<b>Current Job Skills in Preparation for Post-Secondary Employment:</b> Current Job Skills in Preparation for Post-Secondary Employment
<b>3. Post-Secondary Independent Living Goal. If Needed:</b> Post-Secondary Independent Living Goal, If Needed	<b>Current Home/Independent Living Skills in Preparation for Post-Secondary Independent Living:</b> Current Home/Independent Living Skills in Preparation for Post-Secondary Independent Living:
<b>4. Future Community Participation:</b>  Future Community Participation	<b>Current Community Participation in Preparation for Post-Secondary Independent Living:</b> Current Community Participation in Preparation for Post-Secondary Independent Living:
<b>5. Adult Services:</b>  Adult Services	<b>Current Adult and Adult Type Services in Preparation for Post-Secondary Independent Living:</b> Current Adult and Adult Type Services in Preparation for Post-Secondary Independent Living:

## Secondary Transition Courses of Study (ages 14-21, or younger if appropriate)

Grade Level	Projected Courses to be taken each year
<b>8th</b>	Projected Courses 8th Grade
<b>9th</b>	Projected Courses 9th Grade
<b>10th</b>	Projected Courses 10th Grade
<b>11th</b>	Projected Courses 11th Grade
<b>12th</b>	Projected Courses 12th Grade
<b>Ages18-21</b>	Projected Courses Ages 18-21

**Total number of credits required by this district for graduation: 21**

**Student Name:** Jane Smith  
**DOB:** 10/04/2004

**New Hampshire Training Site**  
**IEP Meeting Date:** 09/01/2020

**It is anticipated that this student will:** Regular High School Diploma (or certificate or completion)

**Anticipated graduation date/completion of program:** 06/30/20XX

**Student Name:** Jane Smith  
**DOB:** 10/04/2004

**New Hampshire Training Site**  
**IEP Meeting Date:** 09/01/2020

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**Transition Services/Needs**  
(ages 16-21, or younger if appropriate)

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Transition Area	Transition Service	Begin Date/End Date	Person/Agency Responsible
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**Did the IEP team inform the student and/or family of how to apply for services that may be available to them through Vocational Rehabilitation?** List this answer here

**Date information shared:** 09/05/20XX

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## Measurable Annual Goals and Benchmarks/Short-term Objectives / Progress Toward Meeting Annual Goal(s)

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**Area of Need:** Academic/or

**Implementation Personnel/Position Responsible:**  
List here

**Present Level of Academic Achievement:** Present Level of Academic Achievement:

**Present Functional Performance:** Present Functional Performance

**Annual Measurable Goal:**

**Projected Beginning Date:** 09/14/20XX

1. goal

Benchmarks/Short-Term Objectives or Progress toward meeting the annual goal	Beginning Date
Will focus attention on sound.	06/20/20XX

**Method of Reporting to Parent**

Grading Period Report Card

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**Area of Need:** Academic/or

**Implementation Personnel/Position Responsible:**  
List here

**Present Level of Academic Achievement:** enter text here

**Present Functional Performance:** enter text here

**Annual Measurable Goal:**

**Projected Beginning Date:** 09/14/20XX

2. goal 1

Benchmarks/Short-Term Objectives or Progress toward meeting the annual goal	Beginning Date
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**Method of Reporting to Parent**

As Needed

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**Area of Need:** Academic/or

**Implementation Personnel/Position Responsible:**  
List here

**Present Level of Academic Achievement:** enter text here

**Present Functional Performance:** enter text here

**Annual Measurable Goal:** enter text here

**Projected Beginning Date:** 09/14/20XX

3. goal 2

Benchmarks/Short-Term Objectives or Progress toward meeting the annual goal	Beginning Date
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**Method of Reporting to Parent**

As Needed

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**Area of Need:** Academic/or

**Implementation Personnel/Position Responsible:**  
List here

**Present Level of Academic Achievement:** enter text here

**Present Functional Performance:** enter text here

**Annual Measurable Goal:**

**Projected Beginning Date:** 09/14/20XX

4. goal 3

Benchmarks/Short-Term Objectives or Progress toward meeting the annual goal	Beginning Date
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**Student Name:** Jane Smith  
**DOB:** 10/04/2004

**New Hampshire Training Site**  
**IEP Meeting Date:** 09/01/2020

<b>Method of Reporting to Parent</b>
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Oral Report
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### Special Education Services

Type of Service	Goal	Coordinator Title	Provider Title	Sessions Frequency	Time Per Session	Begin / End Dates	Location of Services	Medically Necessary
Behavior Management - Specially Designed Instruction	1	Counselor	Counselor	1 times / day	1 sessions / day of 30 min	09/14/20XX 09/13/20XX X	Special Education Setting	N
Reading - Specially Designed Instruction	1	Reading and Writing Specialist	Reading and Writing Specialist	1 times / day	1 sessions / day of 30 min	09/14/20XX 09/13/20XX	Special Education Setting	N
Behavior Management - Specially Designed Instruction		General Ed Teacher	Paraeducator	1 times / day	1 sessions / day of 30 min	09/14/20XX 09/13/20XX	Regular Education Setting	N

### Related Services

Type of Service	Goal	Coordinator Title	Provider Title	Sessions Frequency	Time Per Session	Begin / End Dates	Location of Services	Medically Necessary
Rehabilitative Services		Special Ed Teacher	Special Ed Teacher	1 times / wk	1 sessions / wk of 30 min	09/14/20XX 09/13/20XX	Regular Education Setting	N
Physical Therapy - Group		Physical Therapist	Physical Therapist Assistant	1 times / day	1 sessions / day of 30 min	09/14/20XX 09/13/20XX	Special Education Setting	N

### Supplementary Services

Type of Service	Goal	Coordinator Title	Provider Title	Sessions Frequency	Time Per Session	Begin / End Dates	Location of Services	Medically Necessary
Assistive Technology Evaluation	1	Assistive Technology Professional	Assistive Technology Professional	1 times / wk	1 sessions / wk of 30 min	09/14/20XX 09/13/20XX	Special Education Setting	N
Academic Support		Special Ed Teacher	Paraeducator	1 times / day	1 sessions / day of 30 min	09/14/20XX 09/13/20XX	Special Education Setting	N

### Supplementary Aids

Type of Service	Goal	Coordinator Title	Provider Title	Begin / End Dates	Location of Services	Medically Necessary
Assistive Technology Device		Assistive Technology Professional	Assistive Technology Professional	09/14/20XX 09/13/20XX	Regular Education Setting	N

### Support for Personnel

**Student Name:** Jane Smith  
**DOB:** 10/04/2004

**New Hampshire Training Site**  
**IEP Meeting Date:** 09/01/2020

Type of Service	Goal	Coordinator Title	Provider Title	Sessions Frequency	Time Per Session	Begin / End Dates	Location of Services	Medically Necessary
Consultation for Paraprofessional from Special Educator		Special Ed Teacher	Special Ed Teacher	1 times / day	1 sessions / day of 15 min	09/14/20XX 09/13/20XX	Regular Education Setting	N

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## Justification for Non-Participation/State and District Assessments

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### Justification for Nonparticipation

- 1. Will the student be removed from the general education classroom at any time?** List answer here  
**1a. If yes, An explanation of the extent to which the child will not participate with nondisabled children in the regular class.**  
List explanation here
  
  - 2. Will the student participate with non-disabled peers in extra curricular and non-academic activities?** List answer here  
**2a. If no, An explanation of the extent to which the child will not participate with nondisabled children in extra-curricular and non-academic activities.** List explanation here
  
  - 3. Will the student be placed for any part of the day outside his or her LEA home school?** List  
**3a. If yes, explain why the placement is necessary.** List
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## State and District Wide Assessments

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### State Assessments

The Student will be participating in the following state assessments:

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State Assessments	Accommodations
NH Statewide Assessment System (NH SAS)	<ul style="list-style-type: none"><li>· Alternate Response Options: Non-Embedded</li><li>· Magnification: Non-Embedded</li><li>· Mouse Pointer (Embedded)</li><li>· Noise buffer: Non-Embedded</li><li>· custom acc.1</li><li>· custom acc.2</li><li>· custom acc.3</li><li>· custom acc.4</li><li>· custom acc.5</li><li>· custom acc.6</li><li>· custom acc.7</li><li>· custom acc.8</li><li>· custom acc.9</li><li>· custom acc.10</li></ul>
SAT	Timing - Extended time (50%, 100%, more than 100%). Extended assessment time.

### District Wide Assessments

The Student will be participating in the following district wide assessments:

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District Wide Assessments	Accommodations
District Wide Assessments	<ul style="list-style-type: none"><li>· Audio Transcriptions (Non-Embedded)</li></ul>

**Supports and Services**

**Classroom Accommodations**

Area of Instruction	Accommodations
Classroom	<ul style="list-style-type: none"> <li>· Magnification: Non-Embedded</li> <li>· Streamlined Mode (Embedded)</li> <li>· Timing - Extended time (50%, 100%, more than 100%). Extended assessment time.</li> <li>· Audio Transcriptions (Non-Embedded)</li> <li>· Alternate Response Options: Non-Embedded</li> <li>· Mouse Pointer (Embedded)</li> <li>· Noise buffer: Non-Embedded</li> <li>· custom acc.1</li> <li>· custom acc.2</li> <li>· custom acc.3</li> <li>· custom acc.4</li> <li>· custom acc.5</li> <li>· custom acc.6</li> <li>· custom acc.7</li> <li>· custom acc.8</li> <li>· custom acc.9</li> <li>· custom acc.10</li> </ul> <p style="text-align: center;"><b>Modification(s)</b></p> <ul style="list-style-type: none"> <li>· Custom classroom accommodations text box in the Add Custom Modifications section</li> <li>· custom modifications.2</li> <li>· custom modifications.3</li> <li>· custom modifications.4</li> <li>· custom modifications.5</li> <li>· custom modifications 6</li> <li>· custom modifications.7</li> <li>· custom modifications.8</li> <li>· custom modifications.9</li> <li>· custom modifications.10</li> </ul>

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## Extended School Year Services

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**Does the student require a longer school year?**

List answer here

**1a. If yes, describe student's needs.**

Answer here

**1. Does the student require a longer school day?** List answer here

### Extended School Year Services to be Provided

Type of Service	Sessions Frequency	Time Per Session	Begin/End Dates	Location of Services
Reading - Specially Designed Instruction	1 times/day	1 sessions/day of 15 min	08/01/20XX-08/30/20XX	Regular Education Setting
Social Skills - Specially De-signed Instruction	1 times/day	1 sessions/day of 30 min	08/01/20XX-08/31/20XX	Special Education Setting

**The following annual goals will be addressed during Extended Year Services.**

List goals here

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### Meeting Participants:

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Name	Role
1.	General Ed Teacher
2.	Special Education Teacher
3.	Parent
4.	Parent
5.	LEA Representative
6.	Provider
7.	
8.	
9.	
10.	
11.	
12.	

Student Name: Jane Smith  
DOB: 10/04/2004

New Hampshire Training Site  
IEP Meeting Date: 09/01/2020

IEP Dates: 09/14/2020-09/13/2021

IEP Amendment Date: 11/01/2020

**Representative of the Local Education Agency (LEA) Approval Of Provisions In the IEP**

I certify that the goals in the IEP are those recommended by the Team and that the indicated special education, related services, supplementary aids and services, accommodations and modifications will be provided.

Signature of LEA Representative

Date

**Parent's Response to the Proposal for the IEP**

Please indicate your response by checking the box(es) which reflect(s) your decision.

*I understand that any portion(s) of the IEP that I accept will be implemented immediately.*

- I CONSENT to the IEP AND AGREE to education placement
- I REFUSE CONSENT to IEP & AGREE to education placement
- I PARTIALLY CONSENT to the IEP & AGREE to education placement
- I CONSENT to the IEP AND DO NOT AGREE to education placement
- I REFUSE CONSENT to IEP & DO NOT AGREE to education placement
- I PARTIALLY CONSENT to IEP & DONT AGREE to education placement

I have received the Procedural Safeguards Handbook: Yes  No

I refuse consent for the following activities or services in the proposed IEP:

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

I request the following changes (additions or revisions) to the services or activities in the proposed IEP:

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

I request an IEP team meeting be convened within 21 calendar days to discuss what I refuse to consent to and/or the changes I have requested.

Signature of Parent/Guardian/ Surrogate/Adult Student

Date

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Adult student's signature required once a student reaches age 18 unless there is a court appointed guardian.*

*Indicate the date that the student and parent were informed of the transfer of parental rights under IDEA to the adult student at the age of 18. This must occur at least one year prior to the age of 18.*



**Student Name:** Jane Smith  
**DOB:** 10/04/2004

**New Hampshire Training Site**  
**IEP Meeting Date:** 09/01/2020

LEA Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I was informed of the parental rights under IDEA and that these rights transfer to me at age 18.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I was informed of the parental rights under IDEA that transfer to my child at age 18.

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

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## PARENT'S RESPONSE TO EDUCATIONAL PLACEMENT PROPOSAL

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This is a document for parents to indicate their formal response to a school district proposal related to educational placement for their child. Parents may take up to 14 calendar days from the date on which they receive the proposal to respond. This insures that the special education process can be conducted in a timely and appropriate manner. The 14-day time limit may be extended if both parent and School District agree to an extension.

**Provider:** approved school here  
**Program:** approved program here

**Time Spent:** 1 sessions/day of 24 hr

**Begin:** 09/14/20XX  
**End:** 06/15/20XX

**PARENT'S NAME:** Anne Smith  
**ADDRESS:** 1 Evergreen Terrace  
Somertown, NH 12345

**STUDENT:** Jane Smith

**SASID NUMBER:** 00000000

**PARENT'S NAME:** John and Anne Smith  
**ADDRESS:** 1 Evergreen Terrace  
Somertown, NH 12345

**SASID NUMBER:** 00000000

**DATE DOCUMENT TRANSMITTED:** \_\_\_\_\_

**TRANSMITTAL METHOD:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**Proposal details are enclosed**

*Parents: Please indicate your response to this educational placement proposal by checking the box(es) which reflect your decision, and then sign the document in the space provided. Thank you.*

- I AGREE TO THE EDUCATION PLACEMENT PROPOSALS  
 I DO NOT AGREE TO THE EDUCATION PLACEMENT PROPOSALS

*Parents: Your signature below will also verify that you have received a copy of "Parental Rights in Special Education." If you have NOT received the publication, request one from the contact person named above, and sign this document only after you have received and reviewed it.*

*My response to this educational placement proposal is indicated above. I have received a copy of "Parental Rights in Special Education."*

**PARENT'S SIGNATURE:** \_\_\_\_\_

**RELATIONSHIP TO STUDENT:** \_\_\_\_\_

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

**LEA Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_