

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Student Information		
Name: _____	ID Number: _____	DOB: _____
Disability: _____	Native Language: _____	Grade: _____
Date of IEP Meeting: _____	IEP Implementation Date: _____	
Annual Review Date: _____	Triennial Review Date: _____	
Type of IEP: <input type="checkbox"/> Initial <input type="checkbox"/> Annual Review <input type="checkbox"/> Triennial <input type="checkbox"/> Modified <input type="checkbox"/> Draft		
* For initial IEP, parent signature on the IEP indicates consent for provision of services.		

Special Education Services (Direct Services to Student)						
Type of Service	Location	Anticipated Frequency	Time	Start Date	End Date	Service Provider

Related Services (Direct Services to Student)						
Type of Service	Location	Anticipated Frequency	Time	Projected No. Sessions	Start Date/End Date	Service Provider

Consultation (Indirect Services to School/Community Personnel and Parent only)					
Service Provider	Anticipated Frequency	Time	Start Date	End Date	Service provided to:

Signatures:

Parent/Guardian

Administrator

Student (as appropriate)

Special Education Teacher

General Education Teacher

(_____)

(_____)

(_____)

(_____)

(_____)

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

Student's Name: _____

ID: _____

Date: _____

ACCOMMODATIONS/SPECIAL CONSIDERATIONS

Physical Education:
Modifications Required:

Transportation:
Modifications Required:

Standardized Testing: Student will participate without accommodations
 Student will participate with accommodations
 Testing not required for this grade level (KN, 1, 2 and 12)
 Student will participate in an alternate assessment

Accommodations:

Special factors the IEP team has determined the student requires. Each "Y" (yes) must be addressed on a goal page.

Braille __ y __ n

Limited English Proficiency __ y __ n

Behavior __ y __ n

Communication Needs __ y __ n

Assistive Technology __ y __ n

Consideration of Extended School Year

IEP team needs to collect additional data in order to make this determination and will meet again by: _____

IEP team has determined that documentation does not support the need for extended school year services.

IEP team has determined that the record shows student's inability to recoup skills within a reasonable time following regression and recommends extended school year services (attach documentation).

COMMENT:

Accommodations/Modifications in General and Special Education

Student's Name: _____

ID: _____

Date: _____

VOCATIONAL EDUCATION/TRANSITION SERVICES

For Students 14 years of age and older

Identify skills, courses, and experiences the student must have to better prepare the student for post-secondary transition.

Vocational Education:
Modifications Required:

Transition Statement:

Student's interests:

Student's strengths/capabilities:

Desired Post-Secondary Outcomes/Anticipated Post-School Setting

Employment

Education

Adult Living

Based on the student's interests, needs, and desired post-secondary outcomes, the IEP team has determined specialized transition services and/or supports are needed in the following area(s). Each area checked must be addressed on a goal page.

Academic Learning Career Planning Employment Daily Living Skills

Financial Planning Health/Medical Legal Services Leisure/Recreation

Living Arrangements Self Advocacy Transportation Social Relationships

Community Participation Post-secondary Training Other

Graduation Plan: Regular Graduation Plan IEP – graduation based on IEP goals/objectives

Transfer of Rights at Age of Majority

Notice was given to the student and parent at least one year prior to reaching the age of majority (18) informing the student of his/her rights under IDEA that will be transferred to the student upon reaching the age of majority (18).

Date notice was given _____ Date student reaches age of majority _____

Student's Name: _____

ID: _____

Date: _____

GOALS and OBJECTIVES

Area:

Need:

Present Level of Performance:

Service Provider(s):

Annual Goal:

Short Term Objectives	Mastery Criteria

Annual Goal:

Short Term Objectives	Mastery Criteria

Annual Goal:

Short Term Objectives	Mastery Criteria

Student's Name: _____

ID: _____

Date: _____

GOALS and OBJECTIVES

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Annual Goal:

Short Term Objectives	Mastery Criteria

Annual Goal:

Short Term Objectives	Mastery Criteria

Annual Goal:

Short Term Objectives	Mastery Criteria

Student's Name: _____

ID: _____

Date: _____

LEAST RESTRICTIVE ENVIRONMENT

In making the program decision, the following factors were considered by the IEP team in selecting the least restrictive environment.

Placement of the student is based on his/her individual needs.

Student is educated, to the maximum extent appropriate, with students who do not have disabilities.

Removal from general education only when the nature and severity of the student's educational needs are such that education in the general education program with supplementary support and services cannot be achieved satisfactorily.

Participation with general education students, to the maximum extent appropriate, in school activities.

Placement is as close as possible to the student's home or in the school she/he would attend if not disabled.

Justification for Placement: Explanation of the extent, if any, to which the student will not participate with non-disabled peers. Describe how the student's disability affects his/her involvement and progress in the general curriculum. For preschool children, indicate how the child's disability affects his/her participation in appropriate activities.

Student Progress: Parents will be informed of their child's progress in meeting the goals of his/her IEP on the same timeline as non-disabled students. DoDEA requires the reporting of student progress on a quarterly basis.

Method by which the student's progress will be reported. _____

If progress will be reported more frequently, indicate schedule for reporting the student's progress. _____