

NEW YORK CITY BOARD OF EDUCATION

INDIVIDUALIZED EDUCATION PROGRAM

THIS IEP INCLUDES:

- Transition
- Interim Service Plan

CONFERENCE INFORMATION

CSE Case# _____
 Home District _____ Service District _____
 Date _____
 Type _____

STUDENT INFORMATION

Name _____ NYC ID# _____ Date of Birth _____ Gender _____
 Address _____ Age* _____
 Phone _____ English LAB _____ Year _____ Spanish LAB _____ Year _____ Grade _____
 Language(s) Spoken/Mode of Communication _____
 Primary Agency with whom student is involved _____
 Name of Contact _____ Phone _____ Agency Case # _____

PARENT/GUARDIAN INFORMATION

Name _____ Relationship to Student _____
 Address _____
 Phone (Home) _____ Phone (Work) _____ Interpreter Required Yes No
 Preferred Language/Mode of Communication _____

SPECIAL MEDICAL/PHYSICAL ALERTS

(Refer to Health & Physical Development Page for additional details.)

The student has medical conditions and/or physical limitations which affect his/her learning behavior and/or participation in school activities.
 The student requires medication and/or health care treatment(s) or procedure(s) during the school day.
 Other alerts: _____

SUMMARY OF RECOMMENDATIONS

Recommended Services

Eligibility Yes No
 Classification of Disability _____

Staffing Ratio _____

Twelve Month School Year Yes No Recommended Services for the Twelve Month School Year _____

Staffing Ratio _____

Other Recommendations (Check all that apply)

*Details are provided in relevant sections of IEP.

- Program Accessibility*
 - Adaptive Phys. Ed.*
 - Bilingual Instruction
 - Related Services*
 - Assistive Technology*
 - Monolingual Services with ESL
 - Monolingual Services without ESL
 - Special Education Transportation - Comment _____
- Students who are blind or visually impaired:*
 Braille instruction needed Yes No
- Students who are deaf or hard of hearing:*
 Language of Instruction _____
 Mode of Communication _____

ACADEMIC PERFORMANCE AND LEARNING CHARACTERISTICS

Describe the student's present levels of academic achievement, language development, cognitive development and learning style in English and the other than English language for LEP students. Discuss how the student's disability affects his/her involvement and progress in the general curriculum or, for preschool students, as appropriate, how the student's disability affects participation in appropriate activities.

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|-----------------------------|------|-----------------|-------|---------------------|-----------------|------|-----------------|-------|---------------------|
| PRESENT PERFORMANCE: | | | | | | | | | |
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| READING and WRITING | | | | | MATH | | | | |
| Area | Date | Test/Evaluation | Score | Instructional Level | Area | Date | Test/Evaluation | Score | Instructional Level |
| Decoding | | | | | Computation | | | | |
| Reading Comprehension | | | | | Problem Solving | | | | |
| Listening Comprehension | | | | | | | | | |
| Writing | | | | | | | | | |

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| ACADEMIC MANAGEMENT NEEDS (Environmental modifications and human/material resources) | | | | | | | | | |
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Student _____

NYC ID# _____

CSE # _____

Date of Conference _____

SOCIAL/EMOTIONAL PERFORMANCE

Describe the student's strengths and weaknesses in the area of social and emotional development in English and the other than English language for LEP students. Consider the degree and quality of the student's relationships with peers and adults, feelings about self and social adjustment to school and community environments. Discuss how the student's disability affects his/her involvement and progress in the general curriculum or, for preschool students, as appropriate, how the student's disability affects participation in appropriate activities.

PRESENT PERFORMANCE:

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BEHAVIOR AND THE INSTRUCTIONAL PROCESS

- Behavior is age appropriate.
- Behavior does not seriously interfere with instruction and can be addressed by the general education and/or special education classroom teacher.
- Behavior seriously interferes with instruction and requires additional adult support.
- Behavior requires highly intensive supervision.

Describe present levels of support including personnel responsible for providing behavioral support.

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SOCIAL/EMOTIONAL MANAGEMENT NEEDS

(Environmental modifications and human/material resources)

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A behavior intervention plan has been developed. Yes No

HEALTH AND PHYSICAL DEVELOPMENT

Describe the student's health and physical development including the degree or quality of the student's motor and sensory development, health, vitality and physical skills or limitations which pertain to the learning process, behavior and participation in physical education or other school activities. Discuss how the student's disability affects his/her involvement and progress in the general curriculum or, for preschool students, as appropriate, how the student's disability affects participation in appropriate activities.

PRESENT HEALTH STATUS AND PHYSICAL DEVELOPMENT:

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MEDICAL/HEALTH CARE NEEDS

During the school day, the student requires:

Medication Yes No
 (If yes, functionally describe the condition for which medication is required.)

Treatment(s) or other health procedure(s) Yes No
 (If yes, functionally describe the condition for which treatment(s) or procedure(s) are required.)

Health as a related service Yes No
 (If yes, specify in related service recommendations.)

PHYSICAL NEEDS

The student does does not have mobility limitations.
 (If yes, functionally describe the limitation(s).)

The student requires:

Accessible program Yes No

Adaptive physical education Yes No
 (If yes, indicate staffing ratio: _____)

Assistive technology device(s) Yes No

Assistive technology service(s) Yes No

(If assistive technology device(s) or service(s) are required, specify in management needs.)

HEALTH/PHYSICAL MANAGEMENT NEEDS

(Environmental modifications, human/material resources or specialized equipment)

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Student _____

NYC ID# _____

CSE # _____

Date of Conference _____

ANNUAL GOALS AND SHORT-TERM OBJECTIVES

There will be _____ reports of progress per year using the coding system shown below.

| ANNUAL GOAL: | PROGRESS: | 1st | 2nd | 3rd | 4th | 5th | 6th | 7th | 8th |
|------------------------|-------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|
| | Methods of Measurement | | | | | | | | |
| | Report of Progress | | | | | | | | |
| | Progress Toward Annual Goal | | | | | | | | |
| | Reasons for not Meeting Annual Goal | | | | | | | | |
| SHORT-TERM OBJECTIVES: | | | | | | | | | |
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| ANNUAL GOAL: | PROGRESS: | 1st | 2nd | 3rd | 4th | 5th | 6th | 7th | 8th |
|------------------------|-------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|
| | Methods of Measurement | | | | | | | | |
| | Report of Progress | | | | | | | | |
| | Progress Toward Annual Goal | | | | | | | | |
| | Reasons for not Meeting Annual Goal | | | | | | | | |
| SHORT-TERM OBJECTIVES: | | | | | | | | | |
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| EXPLANATION OF CODING SYSTEM | | | |
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| METHODS OF MEASUREMENT | REPORT OF PROGRESS | PROGRESS TOWARD GOAL | REASONS FOR NOT MEETING GOAL |
| 1. Teacher Made Materials 2. Standardized Tests 3. Class Activities 4. Portfolio(s) 5. Teacher/Provider Observations | 6. Performance Assessment Task 7. Check Lists 8. Verbal Explanation 9. Other (Specify) _____ | 1. Not applicable during this grading period 2. No progress made 3. Little progress made 4. Progress made; goal not yet met 5. Goal met | A. Anticipate meeting goal B. Do not anticipate meeting goal (Note reason) C. Goal met |
| | | | 1. More time needed 2. Excessive absence or lateness 3. Assignments not completed 4. Other (specify) _____ |

*While a review of your child's educational program occurs every year please be advised that you have a right to request a review of your child's program at any time.

1st 2nd 3rd 4th 5th 6th 7th 8th

The student's performance is approaching his/her promotion criteria as set forth on Page 9 of the IEP:

For students who are not anticipated to meet their annual goals and/or promotion criteria: We recommend that the IEP Team be reconvened:

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Use a Y (Yes) or N (No) in the appropriate column.

PARTICIPATION IN SCHOOL ACTIVITIES, RELATED SERVICE RECOMMENDATIONS AND PARTICIPATION IN ASSESSMENTS

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| PARTICIPATION IN SCHOOL ACTIVITIES |
| If the student cannot participate in lunch, assemblies, trips and/or other school activities with non-disabled students, indicate the activity and reason(s) for non-participation. |
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| RELATED SERVICE RECOMMENDATIONS | | | | | | |
|---------------------------------|-----------------|---------------------|------------|-------------------|----------|---------------|
| Status* | Related Service | Language of Service | Location** | Sessions/ Week | Duration | Group Size |
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* Indicate status of recommendation: Initiate; Continue; Modify; or Terminate.

** Indicate whether service is provided outside the general education classroom.

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| PARTICIPATION IN ASSESSMENTS | |
| <input type="checkbox"/> The student WILL PARTICIPATE in State and local assessments. <input type="checkbox"/> Without Accommodations <input type="checkbox"/> With Accommodations Describe accommodations, if any, that will be used consistently throughout the student's educational program: _____ _____ _____ _____ | <input type="checkbox"/> The student will participate in Alternate Assessment. Reason for participation in Alternate Assessment: _____ _____ In addition to Alternate Assessment, describe how the student will be assessed: _____ _____ _____ _____ |

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| PROMOTION | |
| Promotion <input type="checkbox"/> Standard Criteria <input type="checkbox"/> Modified Criteria* *Describe the modified promotion criteria: _____ _____ | |

TRANSITION

LONG TERM ADULT OUTCOMES

(Beginning at age 14 or younger if appropriate, state long term outcomes based on the student's preferences, needs and interests.)

Community Integration: _____

Post-Secondary Placement: _____

Independent Living: _____

Employment: _____

DIPLOMA OBJECTIVE

Regents Diploma
 Advanced Regents Diploma
 Local Diploma
 IEP Diploma

Expected High School Completion Date _____ Credits Earned _____ As of Date _____

TRANSITION SERVICES

(Required for students 15 years of age and older.)

Instructional Activities _____

Responsible Party:
 Parent
 School
 Student
 Agency _____
 Fall
 Spring
 Summer

Community Integration _____

Responsible Party:
 Parent
 School
 Student
 Agency _____
 Fall
 Spring
 Summer

Post High School _____

Responsible Party:
 Parent
 School
 Student
 Agency _____
 Fall
 Spring
 Summer

Independent Living _____

Responsible Party:
 Parent
 School
 Student
 Agency _____
 Fall
 Spring
 Summer

Acquisition of Daily Living Skills
 Functional Vocational Assessment _____

Responsible Party:
 Parent
 School
 Student
 Agency _____
 Fall
 Spring
 Summer