

LEWIS CASS INTERMEDIATE SCHOOL DISTRICT

Individualized Education Program

STUDENT INFORMATION

Date of Meeting	Re-Evaluation IEP Date	Date of Last IEP	Birthdate / /	Ethnic Group	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Grade
Student's Last Name			First Name	Initial	U.I.C. # (Unique Identification Code)	
Student's Home Address			City	State	Zip Code	Home Telephone
Parent/Guardian/Surrogate Last Name		First Name	Relationship to Student		Native Language / Mode of Communication Parent Student	
Parent/Guardian/Surrogate Address (if different than student's)			City	State	Zip Code	Work Telephone
Resident District			Operating District		Attending Building	

PURPOSE OF IEP MEETING

Purpose(s) of this IEP Team meeting is/are to discuss (check all applicable):

- Initial Eligibility
 Review/Revise IEP
 Redetermination of Eligibility
 Other, specify: _____

PARENT CONTACT

The parent(s)/guardian(s)/surrogate(s) were provided prior written notice of this meeting (including the purpose of this meeting and the roles of the participants) to ensure they have the opportunity to attend and participate.

By _____ Method of Contact _____ Date _____

By _____ Method of Contact _____ Date _____

IEP MEETING PARTICIPANTS AND ATTENDANCE

Signatures of the following individuals indicate attendance at this IEP meeting. Additional participant names should be documented and attached to this form.

Parent(s)/Guardian(s)/ Surrogate(s): _____ Student: _____ Resident District Rep: _____ General Education Teacher: _____ MET Representative: _____	Special Education Teacher/Provider: _____ Operating District Rep: _____ Agency Representative: _____ Other: _____ Other: _____ Other: _____
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STUDENT ELIGIBILITY

- Initial evaluation or most recent evaluation of the student was considered including state- and district-wide assessments.

This IEP team determines this student to be **ELIGIBLE** due to: OR **INELIGIBLE** (go to signature page)

- | | | |
|---|--|---|
| <input type="checkbox"/> Cognitive Impairment R340.1705 | <input type="checkbox"/> Other Health Impairment R340.1709a | <input type="checkbox"/> Autism Spectrum Disorder R340.1715 |
| <input type="checkbox"/> Emotional Impairment R340.1706 | <input type="checkbox"/> Speech & Language Impairment R340.1710 | <input type="checkbox"/> Traumatic Brain Injury R340.1716 |
| <input type="checkbox"/> Hearing Impairment R340.1707 | <input type="checkbox"/> Early Childhood Developmental Delay R340.1711 | <input type="checkbox"/> Deaf-Blindness R340.1717 |
| <input type="checkbox"/> Visual Impairment R340.1708 | <input type="checkbox"/> Specific Learning Disability R340.1713 | |
| <input type="checkbox"/> Physical Impairment R340.1709 | <input type="checkbox"/> Severe Multiple Impairment R340.1714 | |

ADDITIONAL CONSIDERATIONS

The IEP team must consider the following for all students:

- Parent input for enhancing education
 Student strengths/interests
 Progress in gen. curriculum
 Other anticipated needs

Needs in any of the following **require** a statement in the comments below:

- Need for Braille
 Language needs (Limited English)
 Assistive technology/services
 Communications needs
 Communication and language needs for deaf or hearing impaired students
 Positive behavior intervention

Comments: _____

GOALS AND OBJECTIVES

Have the current annual goals and short-term objectives from the existing IEP been achieved? Yes No, explain what was not completed and what needs to be continued, or if appropriate, revised: _____

I. Evaluation	II. Criteria	III. Schedule	IV. Goal Status	V. Goal Completion
A. Provider Assessment (PA)	A. Accuracy (___ %)	A. Weekly	1 Achieved	Yes Progress sufficient to achieve goal by end of IEP
B. Standard Assessment (SA)	B. Rate (ex. ___ out of ___ times)	B. Monthly	2 Maintained	
C. Observation/Data (OD)	C. Achievement Levels	C. Marking Period	3 Minimum progress	No Progress not sufficient to achieve goal by end of IEP
D.	D.	D.	4 Other (Explain)	

Present Level of Academic Achievement and Functional Performance: (Includes student strengths, baseline data, disability/curricular need and impact on general education curriculum/activities)

Annual Goal: (Purpose is to enable child to be involved/progress in general curriculum; to meet other educational needs resulting from the child's disability.)

Short-Term Objectives

	Evaluation	Criteria	Schedule	Status	Completion
1.					
2.					

Present Level of Academic Achievement and Functional Performance: (Includes student strengths, baseline data, disability/curricular need and impact on general education curriculum/activities)

Annual Goal: (Purpose is to enable child to be involved/progress in general curriculum; to meet other educational needs resulting from the child's disability.)

Short-Term Objectives

	Evaluation	Criteria	Schedule	Status	Completion
1.					
2.					

Reporting Progress: The parents will be regularly informed in writing of progress on goals and objectives of this IEP, concurrent with report card periods, at the regular reporting periods applicable to general education students. Additional reporting:

How: _____ When: _____

Status Comments: _____

LEAST RESTRICTIVE ENVIRONMENT (LRE) CONSIDERATIONS/PARTICIPATION

- (1) Yes No (explain): This student will fully participate with students who are non-disabled in the general education setting except for the time spent in separate special education programs/services provided outside of the general education classroom as specified in this IEP.
- _____
- (2) Yes No (explain): This student will be fully involved in and progress in the general curriculum.
- _____
- (3) Yes No (explain): This student will have the same opportunity as general education students to participate in nonacademic and extracurricular activities.
- _____

SUPPLEMENTARY AIDS AND SERVICES

The IEP team has considered supplementary aids and services, program modifications, and supports for school personnel that will be provided for the student. Describe service(s) needed, if any, below.

Aids / Services / Modifications / Accommodations	Amount of Time/Frequency/Conditions	Location

Exceptions, notes- All special education aids/services/supports listed above will begin on the initiation date of this IEP and continue for one calendar year, following the approved school district calendar. For exceptional beginning and end dates specify mm/dd/yy.

STUDENT'S PROGRAMS AND SERVICES

Name of Program/Service Rule #	Amount of Time/Frequency (Min/Hr) per (day/week/month)	* Provider Name	Location
R340._____			
R340._____			
R340._____			
R340._____			
R340._____			
R340._____			

Exceptions, notes- All programs and services listed above will begin on the initiation date of this IEP and continue for one calendar year, following the approved school district calendar. Extended school year (ESY) services, if determined by the IEP Team is an exception that must be specified. For exceptional beginning and end dates specify mm/dd/yy.

* (Registry Purposes Only) * Total Hours in school week _____ * Total Hours in Special Education _____ * Total Hours in General Education _____

OTHER CONSIDERATIONS

- Departmentalized Program:** Yes No
- Transportation:** Is specialized transportation required? No Yes, specifics required: _____
- Duration:** Is extended school year required? No Yes, specifics required _____
- Resource Program:** Is a Teacher Consultant with endorsement matching the student's disability needed? No Yes, explain: _____
- The IEP Team** considered the need for a teacher with a particular endorsement.
- Additional Comments** _____

State/District-wide Assessment

Statewide Assessment	Assessment appropriate?		If yes , list appropriate assessment accommodations if needed. If no , state the reason why the MEAP subject area is inappropriate and indicate the appropriate alternate/MI-Access assessment.	Standard Accommodations?	
	Yes	No		Yes	No
MEAP					
English Language Arts	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Math	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Social Studies	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
MI-Access, Michigan's Alternate Assessment Program					
Functional Independence	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 2.1	<input type="checkbox"/> 2.2
English Language Arts	<input type="checkbox"/>	<input type="checkbox"/>			
Math	<input type="checkbox"/>	<input type="checkbox"/>			
Science					
Social Studies					
Supported Independence	<input type="checkbox"/>	<input type="checkbox"/>			
Participation	<input type="checkbox"/>	<input type="checkbox"/>			

District-wide assessments are not given at the age/grade levels covered by this IEP

District-wide Assessment	Assessment appropriate?		If yes , list appropriate assessment accommodations if needed. If no , state the reason why the district-wide assessment is inappropriate and indicate the appropriate alternative assessment.
	yes	no	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

DISTRICT RESPONSIBLE FOR PROGRAMS/SERVICES

Operating district / school: _____

IEP implementation date: ____/____/____

Person responsible for implementation: _____

IEP duration date: ____/____/____

Dissenting report: Any participant in the committee's deliberations who disagrees, in whole or in part, with the committee's determination may indicate the reasons by submitting a written statement to be attached to the report.

The superintendent or designee of the operating district assures that:

- (a) To the maximum extent appropriate, a person who has a disability, including a person who is assigned to a public or private institution or other care facility, is educated with persons who do not have disabilities.
- (b) Placement of a person who has a disability in special classes, separate schools, or the removal of a person who has a disability from the general education environment occurs only when the nature or severity of the disability is such that education in a regular class using supplementary aids and services cannot be satisfactorily achieved.
- (c) A person whose disability is such that he or she requires special classes or facilities shall be placed in programs or services as close as possible to his or her home.
- (d) Unless the IEP of a student with a disability requires some other arrangement, the student is educated in the school that he or she would attend if non-disabled.
- (e) In selecting the least restrictive environment, consideration shall be given to any potentially harmful effects to the student or the quality of services that the student needs.
- (f) A child with a disability will not be removed from education in age-appropriate regular classrooms solely because of accommodations needed in the general curriculum.

Programs and Services

Program Rule Number

Categorical Programs:	Severe Cognitive Impairment-	R340.1738
	Moderate Cognitive Impairment -	R340.1739
	Mild Cognitive Impairment -	R340.1740
	Emotional Impairment -	R340.1741
	Hearing Impairment -	R340.1742
	Visual Impairment -	R340.1743
	Physical Impairment-	R340.1744
	Other Health Impairment -	R340.1744
	Learning Disabilities -	R340.1747
	Severe Multiple Impairment -	R340.1748
	Early Childhood Special Education Program -	R340.1754
	Severe Language Impairment -	R340.1756
Autism -	R340.1758	
Resource Room:	Elementary Resource Room-	R340.1749a
	Secondary Resource Room-	R340.1749b
Related Services:	Teacher Consultant-	R340.1749
	Speech and Language-	R340.1745
	Homebound / Hospitalized-	R340.1746
	Early Childhood Special Education Services-	R340.1755
	Other Related Services-	R340.1701