

- Check Purpose:** Initial
 Annual Review
 Reevaluation
 Addendum
 Transition Part C to B

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Duration of Special Education and Related Services: From: 00 / 00 / 2000 To: 00 / 00 / 2000

Student: Student Name

DOB: 00 / 00 / 2000

School: School Name

Grade: _____

Primary Area of Eligibility*
(*Reported on Child Count)

Secondary Area(s) of Eligibility: (if applicable)

Student Profile

Student's overall strengths:

Summarize assessment information (e.g. from early intervention providers, child outcome measures, curriculum based measures, state and district assessments results, etc.), and review of progress on current IEP/IFSP goals:

Parent's concerns, if any, for enhancing the student's education:

Parent's/Student's vision for student's future:

Consideration of Transitions

If a transition (e.g. new school, family circumstances, etc.) is anticipated during the life of this IEP/IFSP what information is known about the student that will assist in facilitating a smooth process? N/A

The student is age 14 or older or will be during the duration of the IEP. Yes No

INDIVIDUALIZED EDUCATION PROGRAM (IEP)**Duration of Special Education and Related Services: From: 00 / 00 / 2000 To: 00 / 00 / 2000****Student: Student Name****DOB: 00 / 00 / 2000****School: School Name****Grade: _____****Consideration of Special Factors** (Note: If you check yes, you must address in the IEP.)Does the student have behavior(s) that impede his/her learning or that of others? Yes NoDoes the student have Limited English Proficiency? Yes NoIf the student is blind or partially sighted, will the instruction in or use of Braille be needed? Yes No N/ADoes the student have any special communication needs? Yes NoIs the student deaf or hard of hearing? Yes No 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; Full range of needs, including opportunities for direct instruction in the child's language; and Communication mode.(Communication Plan Worksheet available at www.ncpublicschools.org/ec/policy/forms.)Does the student require specially designed physical education? Yes No

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Present Level(s) of Academic and Functional Performance

Include specific descriptions of what the student can and cannot do in relationship to this area. Include current academic and functional performance, behaviors, social/emotional development, other relevant information, and how the student's disability affects his/her involvement and progress in the general curriculum.

Annual Goal

Academic Goal Functional Goal

Does the student require assistive technology devices and/or services? Yes No

If yes, describe needs:

(Address after determination of related services.) Is this goal integrated with related service(s)? Yes* No

*If yes, list the related service area(s) of integration:

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Competency Goal

Required for areas (if any) where student participates in state assessments using modified achievement standards.

Select Subject Area: Language Arts Mathematics Science

List Competency Goal from the NC Standard Course of Study:

(Standard must match the student's assigned grade.)

Note: Selected Grade Standard Competency Goals listed are those identified for specially designed instruction. In addition to those listed, the student has access to grade level content standards through general education requirements.

Benchmarks or Short Term Objectives (if applicable)

(Required for students participating in state alternate assessments aligned to alternate achievement standards)

Describe how progress toward the annual goal will be measured

INDIVIDUALIZED EDUCATION PROGRAM (IEP)**Duration of Special Education and Related Services: From: 00 / 00 / 2000 To: 00 / 00 / 2000****Student: Student Name****DOB: 00 / 00 / 2000****School: School Name****Grade: _____****Least Restrictive Environment****I. General Education Program Participation**

In the space provided, list the general education classes, nonacademic services, and activities (ex: lunch, recess, assemblies, media center, field trips, etc.) in which the student will participate and the supplemental aids, supports, modifications, and/or accommodations required (if applicable) to access the general curriculum and make progress toward meeting annual goals. Discussion and documentation must include any test accommodations required for state and/or district-wide assessment. If supplemental aids/services, modifications/accommodations and/or assistive technology will be provided in special education classes include in the table below.

General Education/Special Education Nonacademic Services & Activities (If Applicable)	Supplemental Aids/Services Modifications/Accommodations Assistive Technology (If Applicable)	Implementation Specifications (Example: Who? What? When? Where?)

If the student is in preschool, describe how the student is involved in the general education program. N/A

Specify the technical assistance, if any, that will be provided to the general education teacher(s) and/or other school personnel for implementation of the IEP. None

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student Name: Student Name

Duration From: 00 / 00 / 2000 **To:** 00 / 00 / 2000

II. North Carolina Assessment Program

Select the appropriate state assessment(s) that will allow the student to demonstrate his/her knowledge. Select testing accommodations that correlate to classroom accommodations used routinely throughout the academic year. Accommodations that are listed on the IEP must be used on a routine basis in classroom instruction. For specifics regarding accommodation use and availability for specific tests, refer to the Testing Students with Disabilities publication, available at <http://www.ncpublicschools.org/accountability/policies/tswd>.

IEP Teams are instructed to select for each assessment, only those accommodations that do not invalidate the score.

<input type="checkbox"/> Standard Test Administration with no Accommodations <input type="checkbox"/> Student will participate in the Extend 1. NC Testing Program Approved Accommodations	End of Grade Tests (Grade 3 Pretest & Grades 3 – 8)			NC Writing Test Grades 4, 7, and 10	<input type="checkbox"/> NC Extend2						EOC End of Course Test			High School Competency Tests			Test of Computer Skills – Begins Grade 8	
	Reading	Math	Science		Grades 3 – 8			3-8 or OCS	Occupational Course of Study						Reading	Math		Verbal
				Reading	Math	Science	Writing		English1	Math 1	Life Skills Science 1 & 2							
Braille Edition	<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"/>
Computer Skills Portfolio	<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"/>
Large Print Edition	<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"/>
One Test Item Per Page	<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"/>
Assistive Technology: Specify _____	<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"/>
Braille Writer/Slate and Stylus (and Braille Paper)	<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"/>
Crammer Abacus	<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"/>
Dictation to scribe <small>For Writing assessment, will not receive valid conventions score.</small>	<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"/>
Interpreter/ Transliterator Signs/Cues Test <small>Not for test of reading skills</small>	<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"/>
Keyboarding Devices	<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"/>
Magnification Devices	<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"/>
Student Marks in Answers in Test Book	<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"/>
Student Reads Aloud to Self	<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"/>
Test Administrator Reads Test Aloud Not for test of reading skills	<input type="checkbox"/> Read Everything	<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"/> Read by Student Request	<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"/> Other	<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"/>
Hospital/Home Testing	<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"/>
Multiple Test Sessions	<input type="checkbox"/> More Frequent Breaks (Every _____ Min.)	<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"/> Over Multiple Days (Number of Days _____)	<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"/>
Scheduled Extended Time	<input type="checkbox"/> Approximately 30 minutes	<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"/> Approximately 1 Hour	<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"/> Other	<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"/>
Testing in Separate Room	<input type="checkbox"/> Small Group	<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"/> One-on-One	<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"/>
Computer/typewriter/word processor	<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"/> NCCLAS	<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"/>

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III. District-Wide Assessment Program

In the space provided, list the district-wide assessments, if any, and any accommodations or alternate assessments to be used by the student.

DISTRICT-WIDE ASSESSMENT(S) ACCOMMODATION(S) OR	ALTERNATE ASSESSMENT(S)	IMPLEMENTATION SPECIFICATIONS

IV. Alternate Assessment Justification

If the student is participating in any alternate assessment(s), explain why the regular testing program, with or without accommodations, is not appropriate and why the selected assessment is appropriate: N/A

V. Specially Designed Instruction, Related Services, and Nonacademic Services and Activities

A. Anticipated Frequency and Location of Specially Designed Instruction

Special Education:	Sessions Per:		Reporting		Session Length:	Location:
	Week	Month	Period	Year		
_____	—	—	_____	_____	_____	_____
			1 st Semester	_____		
			2 nd Semester	_____		
_____	—	—	_____	_____	_____	_____
			1 st Semester	_____		
			2 nd Semester	_____		
_____	—	—	_____	_____	_____	_____
			1 st Semester	_____		
			2 nd Semester	_____		

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Duration of Special Education and Related Services: From: 00 / 00 / 2000 To: 00 / 00 / 2000

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B. Anticipated Frequency and Location of Related Services

- The IEP Team determined related services *are not required* to assist the student to benefit from special education.
- The IEP Team determined the following related services are required to assist the student to benefit from special education.

Related Service(s):	Sessions Per:			Reporting Period	Session Length:	Location:
	Week	Month	Year			
_____	—	—	_____	_____	_____	_____
					<input type="checkbox"/> Support Description	
_____	—	—	_____	_____	_____	_____
					<input type="checkbox"/> Support Description	
_____	—	—	_____	_____	_____	_____
					<input type="checkbox"/> Support Description	

Transportation is required as related service. Describe special transportation services: _____

C. Nonacademic Services & Activities (Refer to Section I: General Education Program Participation)

List the nonacademic services and activities in which the student ***will not*** participate with nondisabled peers. This time must be factored into the determination of continuum of alternative educational placement below.

Nonacademic Services & Activities:	Sessions Per:			Reporting Period	Session Length:
	Week	Month	Year		
_____	—	—	_____	_____	_____
_____	—	—	_____	_____	_____
_____	—	—	_____	_____	_____
_____	—	—	_____	_____	_____

VI. Continuum of Alternative Educational Placements

Indicate educational placement by checking only one box below:

(Educational placement is determined by calculating the amount of time the student is removed from nondisabled peers.)

School Age:

- Regular - 80% or more of the day with nondisabled peers
- Resource - 40% - 79% of the day with nondisabled peers
- Separate - 39% or less of the day with nondisabled peers
- Separate School
- Residential
- Home/Hospital

Preschool:

- Regular Early Childhood Program 80% of time
- Regular Early Childhood Program 40%-79% of time
- Regular Early Childhood Program less than 40% of time
- Separate Class
- Separate School
- Residential Facility
- Service Provider
- Home

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If the student will be removed from nondisabled peers for any part of the day (general education classroom, nonacademic services and activities), explain **why** the services cannot be delivered with nondisabled peers with the use of supplemental aids and services.

N/A Student will not be removed from nondisabled peers.

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VIII. Progress toward annual goals will be reported with the issuance of report cards unless otherwise specified below:

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IX. Extended School Year Status (*ESY worksheet available at www.ncpublicschools.org/ec/policy/forms.*)

- Is not eligible for extended school year
 Is eligible for extended school year
 Eligibility is under consideration and will be determined by **00 / 00 / 2000**

X. Record of IEP Team Participation (*Note with an * any team member who used alternative means to participate.*)**A. IEP Team. The following were present and participated in the development and writing of the IEP.**

Name	Position	Date
	LEA Representative	00 / 00 / 2000
	General Education Teacher	00 / 00 / 2000
	Special Education Teacher	00 / 00 / 2000
	Parent	00 / 00 / 2000
	Student	00 / 00 / 2000
		00 / 00 / 2000
		00 / 00 / 2000
		00 / 00 / 2000
		00 / 00 / 2000

Copy given/sent to parent(s): by _____ on **00 / 00 / 2000**.

INDIVIDUALIZED EDUCATION PROGRAM (IEP) ADDENDUM

Duration of Special Education and Related Services: From: 00 / 00 / 2000 To: 00 / 00 / 2000

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DOB: 00 / 00 / 2000

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Grade: _____

X. Record of IEP Team Participation continued*(Note with an * any team member who used alternative means to participate.)***B. Reevaluation. The IEP was reviewed at reevaluation and was found to be appropriate. An annual review of this IEP will be conducted on or before 00 / 00 / 2000.**

Name	Position	Date
	LEA Representative	00 / 00 / 2000
	General Education Teacher	00 / 00 / 2000
	Special Education Teacher	00 / 00 / 2000
	Parent	00 / 00 / 2000
	Student	00 / 00 / 2000
		00 / 00 / 2000
		00 / 00 / 2000
		00 / 00 / 2000
		00 / 00 / 2000

XI. Amending the IEPThe IEP was amended due to a disciplinary change in placement. yes no**A. IEP Addendum Team.****The following were present and participated in the development and writing of the addendum to the IEP.**

Name	Position	Date
	LEA Representative	00 / 00 / 2000
	General Education Teacher	00 / 00 / 2000
	Special Education Teacher	00 / 00 / 2000
	Parent	00 / 00 / 2000
	Student	00 / 00 / 2000
		00 / 00 / 2000
		00 / 00 / 2000
		00 / 00 / 2000
		00 / 00 / 2000

B. Amending the IEP without holding a meeting after the annual IEP Team meeting for the school year.

- The parent and LEA agreed that the IEP could be amended by _____ on 00 / 00 / 2000 without holding a meeting.
- Copies of the amendment were provided to individuals responsible for implementing changes to the IEP by _____ on 00 / 00 / 2000

Indicate page(s) and section(s) where any amendment(s) were made:

- A revised copy of the IEP with amendments incorporated was provided to parent(s) on 00 / 00 / 2000 by _____ .