

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: _____ Public Agency/School District: _____

Student's Name: _____ MSIS: _____

IEP Committee Meeting Date: _____ / _____ / _____ Projected Annual Review Date: _____ / _____ / _____

IEP Implementation Date: _____ / _____ / _____ Projected End Date: _____ / _____ / _____
(Projected date when services and programs will begin) *(Projected date when services and programs will end)*

Date of Birth: _____ / _____ / _____ Age: _____ Primary Eligibility: _____

Gender: Female Male Ethnicity: _____ Secondary Eligibility: _____

Grade: _____ School: _____ Current Eligibility Date: _____ / _____ / _____

Projected Re-evaluation Date: _____ / _____ / _____

Parent/Guardian Name(s): _____

Address: _____

Phone Number: _____

Email: _____

IEP COMMITTEE PARTICIPANTS <i>(Signatures are not required.)</i>			
<input type="checkbox"/> Initial <i>(Written Parental Permission for Initial Placement must be signed before implementation.)</i>		<input type="checkbox"/> Annual	
Name	Position	Name	Position
Names and Positioning of Excused IEP Committee Members <i>(Attach document to IEP)</i>			
Name	Position	Name	Position
The IEP meeting was conducted via alternate means of technology: <input type="checkbox"/> N/A <input type="checkbox"/> Video Conferencing <input type="checkbox"/> Conference Call <input type="checkbox"/> Other: _____		This IEP meeting was recorded: <input type="checkbox"/> Yes <input type="checkbox"/> No	
EVALUATIONS			
Check any evaluations or follow-ups needed to determine special education services and/or related service needs.			
<input type="checkbox"/> Functional Behavioral Assessment (FBA) <input type="checkbox"/> Assistive Technology Assessment <input type="checkbox"/> Occupational or Physical Therapy Evaluation <input type="checkbox"/> List other evaluation(s)/follow-up(s) _____			

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: _____ Public Agency/School District: _____

Student's Name: _____ MSIS: _____

IEP COMMITTEE PARTICIPANTS <i>(Signatures are not required.)</i>			
IEP Action: <input type="checkbox"/> Review <input type="checkbox"/> Revise <input type="checkbox"/> Amend <input type="checkbox"/> ESY			Date: _____
Name	Position	Name	Position
	Agency Representative		Interpreter
	General Educator		Other:
	Special Educator		Other:
	Parent/Guardian		Other:
	Parent/Guardian		Other:
	Student		Other:
Names and Positioning of Excused IEP Committee Members <i>(Attach document to IEP)</i>			
Name	Position	Name	Position
The IEP meeting was conducted via alternate means of technology: <input type="checkbox"/> N/A <input type="checkbox"/> Video Conferencing <input type="checkbox"/> Conference Call <input type="checkbox"/> Other: _____			This IEP meeting was recorded: <input type="checkbox"/> Yes <input type="checkbox"/> No
EVALUATIONS			
<i>Check any evaluations or follow-ups to determine special education services and/or related service needs.</i> <input type="checkbox"/> Functional Behavioral Assessment (FBA) <input type="checkbox"/> Assistive Technology Assessment <input type="checkbox"/> Occupational or Physical Therapy Evaluation <input type="checkbox"/> List other evaluation(s)/follow-up(s) _____			
PROCEDURAL SAFEGUARD NOTICE			
<input type="checkbox"/> I have received a copy of the Procedural Safeguards Notice, and my rights and those of my child have been fully explained. The public agency has informed me of whom I may contact if I need additional information. <input type="checkbox"/> I do not wish to receive a copy of the Procedural Safeguards Notice. The public agency has informed me of whom I may contact if I need additional information.			
Parent/Guardian Signature: _____		Date: _____	
SUMMARY OF REVISION			
<i>Describe any changes in services and supports in the IEP (e.g., addition or deletion of services provided, increase or decrease in frequency of services provided).</i> 			
<input type="checkbox"/> Check to verify that all changes were made in the IEP.			

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: _____ Public Agency/School District: _____

Student's Name: _____ MSIS: _____

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Student's Strengths, Preferences, and Interests

Levels of performance should reflect the following and include current data sources: 1) the student's current performance in math and reading, 2) the strengths, both academic and functional, of the student; 3) a description of the student's social, behavioral, and/or emotional skills; 4) the student's interests; 5) the student's preferences; 6) If the student is 14 years or older, how the student's level of academic and functional achievement will affect the pursuit of postsecondary goals. If preschool, include developmentally appropriate activities.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: _____ Public Agency/School District: _____

Student's Name: _____ MSIS: _____

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Impact of Disability and Student Needs (Critical Skills and Behaviors or Developmentally Appropriate Activities)

Levels of impact and needs should reflect the following and include current data sources: 1) the direct impact of the student's disability in accessing or progressing in the general curriculum (reading and math curriculum, behavior, and functional activities (if the student has a reading deficit, the student's Individual Reading Plan content should be included); 2) the gap for the student academically, functionally, and/or developmentally and how this compares to his peers; 3) any needed accommodations and/or modifications; 4) if preschool, age-appropriate developmental skills the student is lacking compared to peers; 5) transition skills—describe how the effects of the disability will impact postsecondary transition; and 6) content of the EL student's Language Service Plan, if applicable.

Parent/Student Input

Include any concerns of the parent and, as appropriate, the student for enhancing his or her education.

INDIVIDUALIZED EDUCATION PROGRAM (IEP) Ages 3-5

School Year: _____ Public Agency/School District: _____

Student's Name: _____ MSIS: _____

ANNUAL GOAL BASELINE DATA

Baseline data to determine the annual goal must include: (a) a data source, (b) a clear description of the observable "target" skill or behavior, (c) the condition under which the "target" skill or behavior can be observed, and (d) the current rate of performance based on baseline data.

AREA OF ANNUAL GOAL

Social Emotional Skills and Relationships:

Social Emotional Behavioral Other:

Knowledge and Skills:

Communication Pre-Academic Cognitive Other:

Appropriate Behavior to Meet Needs:

Gross/Fine Motor Skills Adaptive/Daily Living Skills Other:

MEASURABLE ANNUAL GOAL

Goal #	Measurable Annual Goal	MoM

Obj. # Short-Term Instructional Objectives/Benchmarks (STIO/Bs)

1	
2	
3	
4	
5	

REPORT OF PROGRESS

Methods of Measurement (MoM)	Progress on Annual Goal (PAG)
OBS = Observation CRT = Criterion-Referenced Test CBM = Curriculum-Based Measure WS = Work Samples D/P = Demonstration/Performance Other:	A. The student is making sufficient progress to meet the annual goal. B. The student is making insufficient progress to meet the annual goal. (An IEP meeting must be held to discuss revisions.) C. The annual goal has been met or exceeded. D. This annual goal has not been introduced yet.

Date of Report	Current Level of Performance (CLP) for Report of Progress <i>Describe the student's current performance on the annual goal based on progress on STIO/Bs using the identified method(s) of measurement (OBS, CRT, CBM, WS, D/P, etc.). Include performance on each unmastered objective in each report of progress.</i>	PAG

Notification of Progress Provided to Parents/Guardians

Type	<input type="checkbox"/> Progress Notes <input type="checkbox"/> Report Cards <input type="checkbox"/> Goals Sheets <input type="checkbox"/> Other:
Frequency	<input type="checkbox"/> Every 4½ Weeks <input type="checkbox"/> Every 6 Weeks <input type="checkbox"/> Every 9 Weeks <input type="checkbox"/> Other:

INDIVIDUALIZED EDUCATION PROGRAM (IEP) Ages 6-20

School Year: _____ Public Agency/School District: _____

Student's Name: _____ MSIS: _____

ANNUAL GOAL BASELINE DATA			
<i>Baseline data to determine the annual goal must include: (a) a data source, (b) a clear description of the observable "target" skill or behavior, (c) the condition under which the "target" skill or behavior can be observed, and (d) the <u>current</u> rate of performance based on baseline data.</i>			
AREA OF ANNUAL GOAL			
Academic: <input type="checkbox"/> Reading <input type="checkbox"/> Math			
Functional: <input type="checkbox"/> Communication <input type="checkbox"/> Social <input type="checkbox"/> Emotional <input type="checkbox"/> Behavioral <input type="checkbox"/> Gross/Fine Motor Skills <input type="checkbox"/> Adaptive Daily Living Skills <input type="checkbox"/> Career and Technical Educational Employment <input type="checkbox"/> Other:			
Other: Other: _____			
MEASURABLE ANNUAL GOAL			
Goal #	Measurable Annual Goal	TA*	MoM
Obj. #	Short-Term Instructional Objectives/Benchmarks (STIO/Bs)		
1			
2			
3			
4			
5			
REPORT OF PROGRESS			
Methods of Measurement (MoM)		Progress on Annual Goal (PAG)	
OBS = Observation CRT = Criterion-Referenced Test CBM = Curriculum-Based Measure WS = Work Samples D/P = Demonstration/Performance Other: _____		A. The student is making sufficient progress to meet the annual goal. B. The student is making insufficient progress to meet the annual goal. (An IEP meeting must be held to discuss revisions.) C. The annual goal has been met or exceeded. D. This annual goal has not been introduced yet.	
Date of Report	Current Level of Performance (CLP) for Report of Progress		PAG
	<i>Describe the student's current performance on the annual goal based on progress on STIO/Bs using the identified method(s) of measurement (OBS, CRT, CBM, WS, D/P, etc.). Include performance on each unmastered objective in each report of progress.</i>		
Notification of Progress Provided to Parents/Guardians			
Type	<input type="checkbox"/> Progress Notes Report Cards: Goal Sheets: Other:		
Frequency	Every 4½ Weeks Every 6 Weeks Every 9 Weeks Other:		

*TA = Transition Activity

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: _____ Public Agency/School District: _____

Student's Name: _____ MSIS: _____

SPECIAL CONSIDERATIONS*	
Communication (Required)	
Does the student have special communication needs?	Yes No
Assistive Technology (Required)	
Does the student need assistive technology services or devices to maintain or improve functional capabilities?	Yes No
Does the student need assistive technology assessment?	Yes No
Services for Students who are Blind or Visually Impaired	
<input type="checkbox"/> N/A	
<i>In the case of a student who is blind or visually impaired, provide for instruction in and the use of Braille unless the IEP Committee determines, after an evaluation of the student's reading and writing media, Braille instruction is not appropriate.</i>	
Instruction in Braille considered?	Yes No Evaluation Date: _____
Instruction in Braille appropriate?	Yes No
Were the parents provided information regarding the Mississippi School for the Blind?	Yes No
Services for Students who are Deaf or Hearing Impaired	
<input type="checkbox"/> N/A	
<i>In the case of the student who is deaf or hearing impaired, consider language and communication needs, opportunities for direct communication needs, academic level, and full range of needs, including direct instruction in the student's language and communication mode.</i>	
Student's language and communication mode: _____	
Is direct instruction in the student's language and communication mode needed?	Yes No
Were the parents provided information regarding the Mississippi School for the Deaf?	Yes No
Behavior Intervention	
<input type="checkbox"/> N/A	
<i>In the case of a student whose behavior impedes the student's learning or the learning of other students, consideration must be given to the use of positive behavior interventions, supports, and other strategies to address that behavior.</i>	
1. Has the IEP Committee developed goals and interventions to address specific behavior concerns?	Yes <input type="checkbox"/> No
2. Has a Functional Behavioral Assessment (FBA) been conducted?	Yes No Date Completed: _____
3. Has a Behavior Intervention Plan (BIP) based on a Functional Behavioral Assessment been developed?***	
<input type="checkbox"/> Yes <input type="checkbox"/> No Date developed: _____	Implementation Date: _____
Review / Revised Dates: _____	
<i>***If a student has a BIP, he or she <u>must</u> have a corresponding annual goal(s) to address behavioral concerns.</i>	
Services for Students with Limited English Proficiency	
<input type="checkbox"/> N/A	
<i>In the case of a student with limited English proficiency, consideration is given to the language needs of the student as such needs relate to the student's IEP.</i>	
What is the student's native language? _____	
Is the student receiving English Learner Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why? _____	
If yes, date of the most recent Language Service Plan (updated annually): _____	
**The contents of the student's Language Service Plan should be considered when writing the PLAAFP.	

* Indicate all relevant Special Considerations in the PLAAFP.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: _____ Public Agency/School District: _____

Student's Name: _____ MSIS: _____

SPECIAL EDUCATION AND RELATED SERVICES					
Special Education					
Service	Area	Location	Start Date	End Date	Duration/Frequency
Related Services					
Service	Area	Location	Start Date	End Date	Duration/Frequency
Program Modifications					
Service	Area	Start Date	End Date		
Instructional/Functional Accommodations					
Service	Area	Start Date	End Date		
Supports for Personnel					
Service	Area	Location	Start Date	End Date	
Area					
A. Reading	F. Science	K. Music	P. Title I	U. Other: _____	
B. Spelling	G. Health	L. Art	Q. Technology	V. Other: _____	
C. English	H. Lunch	M. Computer Science	R. CTE	W. Other: _____	
D. Math	I. PE	N. Extracurricular	S. Library	X. Other: _____	
E. Social Studies	J. Guidance/Counseling	O. Speech Language	T. EL Services	Y. Other: _____	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: _____ Public Agency/School District: _____

Student's Name: _____ MSIS: _____

PARTICIPATION IN STATEWIDE ASSESSMENT PROGRAM

- This student is not required to participate in statewide assessments as he or she is older than 18 years of age.
- This student meets the criteria for SCD and is younger than 8 years of age.

SIGNIFICANT COGNITIVE DISABILITY (SCD) DETERMINATION

To be classified as a student having a significant cognitive disability, ALL of the criteria below must be true.

Yes <input type="checkbox"/> No	The student demonstrates significant cognitive deficits and poor adaptive skill levels (as determined by that student's comprehensive evaluation) that prevent participation in the standard academic curriculum or achievement of the academic content standards, even with accommodations and modifications.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The student requires extensive direct instruction in both academic and functional skills in multiple settings to accomplish the application and transfer of those skills.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The student's inability to complete the standard academic curriculum is neither the result of excessive or extended absences nor is primarily the result of visual, auditory, or physical disabilities, emotional-behavioral disabilities, specific learning disabilities, or social, cultural, or economic differences.
<input type="checkbox"/> The student MEETS the criteria for having a significant cognitive disability. <ul style="list-style-type: none"> <input type="checkbox"/> The student will receive instruction on the Alternate Academic Standards. 	
<input type="checkbox"/> The student DOES NOT MEET the criteria for having a significant cognitive disability.	

STATE- OR DISTRICTWIDE ASSESSMENT FOR STUDENTS WITH A SIGNIFICANT COGNITIVE DISABILITY

Indicate any assessments the student will complete during the current year, specifying the edition, if applicable. NOTE: The IEP Committee may not remove the requirements for English Learners to be assessed in all four f(1) domains of the ELPT. If the student is unable to participate in fewer than four f(1) domains, the ELPT score will bYVased on the remaining domains in which it is possible to assess the student.

	Grade Level (Age for non-graded students)											
	For non-graded students (coded 56, 58, 72, 74, or 78), peer grades are based on the student's age as of Sept. 1 of the applicable school year.											
	PK	K-2 (5-7 yrs.)	3 (8 yrs.)	4 (9 yrs.)	5 (10 yrs.)	6 (11 yrs.)	7 (12 yrs.)	8 (13 yrs.)	9 (14 yrs.)	10 (15 yrs.)	11 (16 yrs.)	12 (17, 18 yrs.)
MKAS2/Kindergarten Readiness Assessment												
Third Grade MAAP ELA Assessment												
MAAP-A (ELA)												
MAAP-A (Mathematics)												
MAAP-A (Science)												
MAAP-A EOC (English II)												
MAAP-A EOC (Algebra I)												
MAAP-A EOC (Biology)												
English Language Proficiency Test (ELPT)												
ACT (American College Test)												
Other:												
Other:												

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: _____ Public Agency/School District: _____

Student's Name: _____ MSIS: _____

PARTICIPATION IN STATEWIDE ASSESSMENT PROGRAM												
STATE- OR DISTRICTWIDE ASSESSMENTS FOR STUDENTS WITHOUT A SIGNIFICANT COGNITIVE DISABILITY												
Indicate any assessments the student will complete during the current year, specifying the edition, if applicable. <b style="color: red;">NOTE: The IEP Committee may not remove the requirement for English Learners to be assessed in all four domains of the ELPT, if the student is unable to participate in fewer than four. The ELPT score will be based on the remaining domains in which it is possible to assess the student.*												
	Grade Level											
	PK	K-2	3	4	5	6	7	8	9	10	11	12
MKAS ² / Kindergarten Readiness Assessment												
Third Grade MAAP ELA Assessment												
MAAP (English Language Arts/Literacy)												
MAAP (Mathematics)												
MAAP (Science)												
MAAP-EOC (Algebra I)												
MAAP-EOC (Biology I)												
MAAP-EOC (English II)												
MAAP-EOC (U.S. History)												
MS-CPAS2												
ACT (American College Test)												
English Language Proficiency Test (ELPT)*												
Other: _____												
STATE- OR DISTRICTWIDE TEST ACCESSIBILITY / ACCOMMODATIONS												
Refer to the current <i>Mississippi Testing Accommodations Manual</i> , and/or <i>American College Test (ACT) Accommodations for Students with Disabilities</i> for information regarding testing accommodations. All accommodations used for statewide testing must also be used during the student's classroom instruction and assessments.												
Presentation Accommodations						Code			Test(s)			
Response Accommodations						Code			Test(s)			
Timing and Scheduling Accommodations						Code			Test(s)			
Setting Accommodations						Code			Test(s)			
Test												
A. MKAS ² /Kindergarten Readiness	F. MAAP-A (ELA)	M. MAAP-EOC (US History)										
B. Third Grade MAAP ELA Assessment	G. MAAP-A (Math)	N. ACT										
C. MAAP (ELA)	H. MAAP-A (Science)	O. MS-CPAS2										
D. MAAP (Math)	I. ELPT	P. Other:										
E. MAAP (Science)	J. MAAP-EOC (Algebra I)	Q. Other:										
	K. MAAP-EOC (Biology I)	R. Other:										
	L. MAAP-EOC (English II)											

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: _____ Public Agency/School District: _____

Student's Name: _____ MSIS: _____

INDIVIDUAL TRANSITION PLAN				
<i>Beginning at age 14, or younger if appropriate, a Transition Plan must be completed with consideration of the student's needs, preferences, and interests. This plan must be updated annually.</i>				
Postsecondary Goals				
<i>Specify appropriate measurable postsecondary goals as identified by the student, parent(s), and IEP Committee. Postsecondary goals are based upon age-appropriate transition assessments related to employment, education and/or training, and, where appropriate, independent living skills.</i>				Related IEP Goal(s) #
Education/Training (Required)				
Employment (Required)				
Independent Living (If Appropriate)				
Age-Appropriate Transition Assessments				
Transition Assessment <i>(including student and family survey or interview)</i>	Assessment Type	Responsible Agency/Person	Date Conducted	Report Attached
Education/Training (Required)				
Employment (Required)				
Independent Living (If Appropriate)				
Transition Services				
<i>Transition services may include instruction, related services, community experiences, development of employment and other post-school adult living objectives, and acquisition of daily living skills to be provided before graduation to support the student in achieving his or her postsecondary goals.</i>				
Instruction (e.g., accommodations, tutoring, skills training, prep for college exams)				
<i>List the activities the <u>school, student, parent(s), and any outside agency or agencies</u> will do to help the student reach the stated postsecondary goal(s). Specify any outside agency or agencies that will provide transition services.</i>				
Related Services (e.g., parent(s), technology, transportation, medical services, supported services)				
<i>List the activities the <u>school, student, parent(s), and any outside agency or agencies</u> will do to help the student reach the stated postsecondary goal(s). Specify any outside agency or agencies that will provide transition services.</i>				
Community Experiences (e.g., job shadowing, supported employment, banking, shopping, touring postsecondary institutions)				
<i>List the activities the <u>school, student, parent(s), and any outside agency or agencies</u> will do to help the student reach the stated postsecondary goal(s). Specify any outside agency or agencies that will provide transition services.</i>				

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: _____ Public Agency/School District: _____

Student's Name: _____ MSIS: _____

Development Of Employment Objectives and Functional Vocational Evaluation (e.g., career planning, guidance counseling, job and career interests, aptitudes and skills)

List the activities the school, student, parent(s), and any outside agency or agencies will do to help the student reach the stated postsecondary goal(s). Specify any outside agency or agencies that will provide transition services.

Acquisition of Daily Living Skills and Other Post-School Adult Living Objectives (e.g., self-care, home repair, health and safety, money management, registering to vote, adult benefits planning, independent living).

List the activities the school, parent(s), and any outside agency or agencies will do to help the student reach the stated postsecondary goal(s). Specify any outside agency or agencies that will provide transition services.

Course of Study

Select the course of study that supports the Student's postsecondary goal(s).

Agriculture, Food and Natural Resources Architecture and Construction Arts, Media, and Communications Business Management and Administration	Education and Training Finance Government and Public Administration Health Science Hospitality and Tourism Human Services Information Technology	Law, Public Safety, and Security Manufacturing Marketing Science, Technology, Engineering and Mathematics Transportation, Distribution, and Logistics Other _____
---	--	--

Additional Options (SCD only) Supported Employment Daily Living Activities Customized Employment

Exit Options

Exit options must be reviewed with the parent and the student, as appropriate, before completing this section. Check the exit option determined appropriate for the student.

<input type="checkbox"/> Traditional Diploma Career and Technical Endorsement Academic Endorsement Distinguished Academic Endorsement <input type="checkbox"/> High School Equivalency (GED)	<p>Alternate Diploma is an option <u>ONLY</u> available to students that meet the criteria for Significant Cognitive Disabilities.</p> <p>Certificate of Completion</p> <p>Mississippi Occupational Diploma (MOD) is an option <u>ONLY</u> available to students that entered ninth grade prior to the 2017-18 school year.</p>
--	--

Student's Invitation to the IEP Committee Meeting

The student was invited to the IEP meeting. Yes No

Interagency Linkages (Participating Agencies)

List any agencies/person(s) (a) currently involved with the student or family, (b) able to provide needed information to the IEP Committee, and/or (c) likely to become involved in providing support or services after the student exits high school and transitions to the community, employment, and/or postsecondary education/training. **Written parental consent must be obtained before inviting any agencies/person(s) likely to be responsible for providing/paying for transition services.**

<input type="checkbox"/> Education/Training:	<input type="checkbox"/> Employment:	<input type="checkbox"/> Independent Living:
---	---	---

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: _____ Public Agency/School District: _____

Student's Name: _____ MSIS: _____

PLACEMENT CONSIDERATIONS AND LEAST RESTRICTIVE ENVIRONMENT (LRE) DETERMINATION

Placement Option(s) Considered

Yes No Is this placement based on the student's educational needs documented in this IEP?
34CFR300.114

If No, explain _____

Yes No Is the student able to be satisfactorily educated in the general education environment for the entire school day? 34CFR300.114

If No, explain _____

Yes No If removal from the regular environment is necessary, is it based on the nature and severity of the student's disability and not the need for modifications in the general curriculum? 34CFR300.114

If No, explain _____

Yes No Is the educational placement as close as possible to the student's home? 34CFR200.116(b)(3)

If No, explain _____

Yes No Is the educational placement in the school the student would attend if the student did not have a disability? 34CFR300.116(c)

If No, explain _____

Consideration: The IEP team considered all placement options and related services in conjunction with discussing any needed supplementary aids and services, accommodations/modifications, assistive technology and/or accessible materials, and supports for school personnel as well as potential harmful effects on the student.(300.116(d)) The IEP team also considered the potential harmful effects of the placement of the child and whether it would impede the ability of the child or other children to learn.

Placement Decision

Check the selected Placement Decision in the section below.

Preschool Age LRE Environment (Least restrictive to most restrictive)

(Check one for students ages 3-5)

- Early childhood setting
- Early childhood special education
- Part-time early childhood/Part-time early childhood special education
Home
- Itinerant services outside the home
Residential facility
Separate school

School Age LRE Environment (Least restrictive to most restrictive)

(Check one for students ages 6-20)

- Inside** general education with no supplementary aids and services
- Inside** general education with supplementary aids and services—includes itinerant instruction and resource room instructional support
- Special** classes—full- or part-time self-contained
- Separate** school—residential or day treatment
- Home** instruction
- Correctional** facilities
- Parentally** placed in private schools

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: _____ Public Agency/School District: _____

Student's Name: _____ MSIS: _____

Special Transportation	
Is special transportation needed in the selected LRE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
MSIS Classification for LRE <i>Time Student Receives Special Education Outside of the General Education Classroom</i>	
Preschool LRE Classification (Check one below for students ages 3-5)	
<input type="checkbox"/> PC /Home	<input type="checkbox"/> PI /Regular program ten (10) or more hours per week and served in the regular program
<input type="checkbox"/> PE /Residential Facility	<input type="checkbox"/> PJ /Regular program ten (10) or more hours per week and served in another location
<input type="checkbox"/> PF /Separate School	<input type="checkbox"/> PK /Regular program less than ten (10) hours per week and served in the regular program
<input type="checkbox"/> PG /Separate Class	<input type="checkbox"/> PL /Regular program less than ten (10) hours per week and served in another location
<input type="checkbox"/> PH /Service Provider Location	
School-age LRE Classification (Check one below for students ages 6-21)	
<input type="checkbox"/> SA /Inside general education class 80% or more of the day	
<input type="checkbox"/> SB /Inside general education class 40% to 79% of the day	
<input type="checkbox"/> SC /Inside general education class less than 40% of the day	
<input type="checkbox"/> SD /Separate School	
<input type="checkbox"/> SF /Residential Facility	
<input type="checkbox"/> SH /Home-Hospital	
<input type="checkbox"/> SI /Correctional Facilities	
<input type="checkbox"/> SJ /Parentally Placed in Private Schools	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: _____ Public Agency/School District: _____

Student's Name: _____ MSIS: _____

EXTENDED SCHOOL YEAR (ESY)

This student attends a twelve- (12) month program.

Determination of ESY Decision _____ **Determination Date:** _____

*All of the following criteria used in determining eligibility **must** be considered:*

Regression-Recoupment: Refers to a student's loss of skill(s) on IEP objective(s) after at least two (2) breaks in instruction without regaining the documented level of skill(s) prior to the break within the specified period.

Critical Point of Instruction 1: Refers to the need to maintain a student's critical skill to prevent a loss of general education class time or an increase in special education service time.

Critical Point of Instruction 2: Refers to a point in the acquisition or maintenance of a critical skill during which a lengthy break in instruction would lead to a significant loss of progress.

Extenuating Circumstances: Refers to special situations that jeopardize the student's receipt of a FAPE unless ESY services are provided.

Consideration: The IEP Committee considered all criteria when determining the student's eligibility for receiving ESY services.

NOTE: Although ESY services typically focus on existing annual goals or STIO/Bs, the IEP Committee may determine the child needs to master a new goal or objective to be able to master or maintain the critical skill identified as the basis for ESY services. Only in this situation may the IEP Committee write a new goal and/or objective to address this critical skill.

This student's situation **MEETS** criteria for ESY Services based on _____
(Indicate criteria that qualified student)

This student's situation **MEETS** criteria for ESY Services, but the parent/guardian does not accept the service.

This student's situation **DOES NOT MEET** the criteria for ESY Services.

Measurable Annual Goals or Short-Term Instructional Objectives/Benchmarks (STIO/Bs) <i>These must be existing measurable annual goals or STIO/Bs except for situations as described in the note above.</i>	TA	MOM	Report of Progress	
			CLP	PAG

TA = Transition Activity	Method of Measurement (MoM)		Report of Progress	
		OBS = Observation CRT = Criterion Referenced Test CBM = Curriculum-Based Measure	WS = Work Samples D/P = Demonstration/Performance Other: _____	CLP = Current Level of Performance PAG = Progress on Annual Goal <i>See Annual Goal page for codes</i>

A Progress Report will be given to parents every _____ week(s) or _____
at the end of the student's ESY services on _____

Date(s) progress report given to parent _____

Types of Service	# of Weeks	Duration/Frequency	Area <i>(See Special Education and Related Services page for code)</i>	Location	Start Date	End Date
Educational Services						
Related Services**						
Transportation						
Other: _____						
Other: _____						

** Any related services provided (except transportation) **must** have a corresponding measurable annual goal or STIO/Bs.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: _____ Public Agency/School District: _____

Student's Name: _____ MSIS: _____

SIGNATURE PAGE FOR IEP

INITIAL OR ANNUAL SIGNATURES

WRITTEN PARENTAL PERMISSION FOR INITIAL PLACEMENT

My rights and those of my child, as outlined in the Procedural Safeguards Notice, have been fully explained to me. I understand that my child has a disability, and I know my child's eligibility category. I hereby give consent for my child to receive special education services as recorded on this Individualized Education Program (IEP).

Parent/Guardian Signature: _____ Date: _____

PROCEDURAL SAFEGUARDS NOTICE

I have received a copy of the Procedural Safeguards Notice, and my rights and those of my child have been fully explained. The public agency has informed me of whom I may contact if I need additional information.

Parent/Guardian Signature: _____ Date: _____

ACKNOWLEDGEMENT OF STATE TESTING

ACKNOWLEDGEMENT OF REQUIREMENTS FOR PARTICIPATION IN THIRD GRADE MAAP ELA ASSESSMENT

I understand that if my child does not meet the minimum cut score on the Mississippi Academic Assessment Program (English Language Arts) he or she will be required to participate in the Alternative Third Grade MAAP ELA Assessment.

Parent/Guardian Signature: _____ Date: _____

ACKNOWLEDGEMENT OF REQUIREMENTS FOR PARTICIPATION IN HIGH SCHOOL SUBJECT AREA TESTS

I have had the Mississippi Statewide Assessment System fully explained to me. I understand that all students will be assessed in some way, but only students who meet the graduation requirements under State Board Policy Chapter 36, Rules 36.4 and 36.5 will be eligible to receive a traditional high school diploma.

Parent/Guardian Signature: _____ Date: _____

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: _____ Public Agency/School District: _____

Student's Name: _____ MSIS: _____

ACKNOWLEDGEMENT OF EXIT OPTIONS

(Sign the appropriate option determined by the IEP Committee)

I understand that to be awarded a **Traditional High School Diploma**, my child **must meet** the graduation requirements set forth in State Board Policy, Chapter 36, Rules 36.2, 36.3, 36.4 and 36.5.

Parent/Guardian Signature: _____ **Date:** _____

I understand that the **Alternate Diploma** is an **exit option** available to students identified by their IEP committee as having a Significant Cognitive Disability. I understand that to be awarded the Alternate Diploma, my child must meet the graduation requirements under State Board Policy, Chapter 78, Rule 78.1. I also understand that the Alternate Diploma is **not the equivalent** of a Traditional High School Diploma.

Parent/Guardian Signature: _____ **Date:** _____

I understand that the **Certificate of Completion** is an acknowledgement of my student's participation in and completion of an Individualized Education Program (IEP). The Certificate of Completion is **not the equivalent** of a Traditional High School Diploma. Students that exit with a Certificate of Completion will have limited access to postsecondary training opportunities, will not be allowed to enroll in the military, and may have limited employment opportunities. I also understand that my child has the right to a Free Appropriate Public Education (FAPE) through age 20.

Parent/Guardian Signature: _____ **Date:** _____

I understand that the **Mississippi Occupational Diploma (MOD)** is an option available to students that entered ninth grade prior to the 2017-2018 School Year. I understand that students considered for the MOD will participate in the Mississippi Academic Assessment Program (MAAP). I also understand that the MOD is **not the equivalent** of a Traditional High School Diploma. Students that exit with a MOD will have limited access to postsecondary training opportunities, will not be allowed to enroll in the military, and may have limited employment opportunities. I also understand that my child has the right to a Free Appropriate Public Education (FAPE) through age 20.

Parent/Guardian Signature: _____ **Date:** _____

TRANSFER OF RIGHTS

(Signature of student beginning one (1) year before the student reaches the age of majority)

I have been informed of my rights under Part B of the Individuals with Disabilities Education Improvement Act (IDEA) of 2004, as amended, that will transfer to me when I reach the age of majority (21 years of age).

Student's Signature: _____ **Date:** _____