

ANNOTATED - Individualized Education Program (IEP) – Grade K - 7
State of Delaware
 School District
 302-

Student Information

Student Name: _____	Date of Birth: _____
Student ID#: _____	Current Grade: _____ <i>This is the grade in which the student is enrolled when the IEP meeting occurs</i>
Address: _____	
District of Residence: _____	Attending Building: _____
	Disability Classification: _____

Parent* 1: _____		E-mail: _____	
Address (if different): _____	(Work) _____	(Cell) _____	
Telephone (Home): _____			
Parent* 2: _____		E-mail: _____	
Address (if different): _____	(Work) _____	(Cell) _____	
Telephone (Home): _____			

IEP Status

Meeting Date	_____	Most Recent Evaluation Summary Report Date	_____
IEP Initiation Date	_____	IEP Revision Date	_____
IEP End date	_____	IEP Revision Date	_____

Temporary Placement

Agency Representative:	DE Admin Code §925.23.4
Parent:	
Date:	
<i>Within 60 days, an IEP meeting must be held</i>	

Meeting Participants

Role	Name	Signature
Parent* 1	DE Admin Code §925.22	
Parent* 2		
Student		
General Ed. Teacher		
Special Ed. Teacher		
Administrator / Designee		

* Parent includes legal guardian, educational surrogate parent and relative caregiver.

Data Considerations

1.	<p>What are the student's strengths? <i>DE Admin Code §925.24.1.1</i> <i>Description: Information about the child's strengths, interests, how he or she learns best can be documented in this section. This can include both academic and functional living skills.</i></p>
2.	<p>What are the educational concerns of the parent (or student, if appropriate)? <i>DE Admin Code §925.24.1.2</i> <i>Description: Concerns and needs can be solicited from the parent in this section. This may be something that the school obtains prior to the meeting, or a form may be sent home for the parent to consider various aspects of education and independent skills prior to arriving at the meeting.</i></p>
3.	<p>What multiple data sources (including district or statewide assessments) are being used to create this IEP? <i>DE Admin Code §925.24.1.3</i> <i>Description: Information and data that are considered as part of the IEP should be included in this section. This can include universal screening, progress monitoring, teacher data/observations, therapy reports, formal and informal assessments, achievement testing, medical history (which may include information the parent brings to the meeting). All relevant information should be considered when identifying the unique needs of the student and the accommodations, supports and services needed to address those needs.</i></p>
4.	<p>How does the child's disability affect the child's involvement and progress in the general education curriculum? <i>DE Admin Code §925.20.1.1.1</i> <i>Description:</i></p>
5.	<p>What are the child's other educational needs that result from the child's disability (e.g., organizational skills, self care, fine/gross motor)? <i>DE Admin Code §925.20.1.2.1</i> <i>Description:</i></p>
6.	<p>Will the student participate with non-disabled students in extracurricular and non-academic areas? If yes, identify supports and services on the "Needs, Services and Annual Goals" page. If no, explain why below. <i>DE Admin Code §925.20.1.5 and 922.7 and 922.17</i> <i>Description: Indicate yes or no to each item (extracurricular and non-academic). Non-academic and extracurricular areas may include: meals, recess periods, counseling services, athletics, health services, recreation activities, and special interest groups or clubs sponsored by the district. An explanation should be provided here if answering no to either item. If yes is indicated, supports and services needed would be added to the appropriate "need" on the "Needs, Services and Annual Goals" page of the IEP.</i></p>

Other Factors to Consider:

IEP team must consider each of the factors.

If there is a need identified, check "yes" and address in the IEP.

Yes	No	<i>DE Admin Code §925.24.2</i>
<input type="checkbox"/>	<input type="checkbox"/>	Communication needs of the student
<input type="checkbox"/>	<input type="checkbox"/>	Braille instruction for students who are blind or visually impaired
<input type="checkbox"/>	<input type="checkbox"/>	Communication and language needs for students who are deaf/hard of hearing
<input type="checkbox"/>	<input type="checkbox"/>	Language needs for students with limited English proficiency
<input type="checkbox"/>	<input type="checkbox"/>	Positive behavior interventions, supports, and strategies for students whose behavior impedes learning

<input type="checkbox"/>	<input type="checkbox"/>	Need for assistive technology devices and services
<input type="checkbox"/>	<input type="checkbox"/>	Intervention supports and strategies for students who have difficulty accessing and/or using grade-level textbooks and other core materials in standard print formats

DRAFT

Name: _____

Date: _____

<p>Unique Educational Needs and Characteristics</p>	<p>Provide a statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will enable the child:</p> <ul style="list-style-type: none"> • to advance appropriately toward attaining the annual goals; • to be involved in and make progress in the general education curriculum, and to participate in extracurricular and other nonacademic activities; and, • to be educated and participate with other children with disabilities and non disabled children. 			
<p><i>DE Admin Code §925.24.1.4</i> Description: Add a specific academic or functional need here</p>	<p><i>DE Admin Code §925.20.1.4</i> Description: Add a broad statement about the services that will be provided to the child. This should include any specialized services including accommodations and modifications that will be needed. If related services will be added as a resource for this specific need, a narrative about the involvement could be added. This can either be in sentence format or in bullet form. This area is basically meant to answer the question "what are we doing to support the need described above?"</p>			
<p>Services, Aids & Modifications</p>	<p>Start/End Date</p>	<p>Frequency</p>	<p>Duration</p>	<p>Location</p>
<p><i>DE Admin Code §925.20.1.4</i> Description: Add specific services that are provided as part of the classroom instruction. Related services would NOT be included here (that is later in the IEP). Typically accommodations would not be added to this section. This is used to describe any explicit instruction that is needed to address the need above.</p>	<p><i>DE Admin Code §925.20.1.7</i> Description: The regulation requires that the projected date for the beginning of services, and frequency, duration and location are included.</p>	<p><i>DE Admin Code §925.20.1.7</i></p>	<p><i>DE Admin Code §925.20.1.7</i></p>	<p><i>DE Admin Code §925.20.1.7</i></p>

PLEP (Present Level of Education Performance):
DE Admin Code §925.20.1.1
 Description: Add a present level of educational (academic or functional) performance here. There should be a direct relationship between the PLEP and the annual goal. "Not yet measured" or "no baseline" is not an appropriate PLEP. The PLEP should be measurable, based upon data of the child's current performance.

<p>Benchmark #1 1st Marking Period</p>
<p>Description: Benchmarks are the steps needed to measure the annual goal. There should be a direct line from the PLEP (above) and the statement of special education services (above) towards the measurable annual goal (below). The marking period drop down should match to the next marking period that would occur during this IEP cycle. Measured progress must be reported to parents at least as often as it is reported to parents of non-disabled children.</p>
<p>Benchmark #2 1st Marking Period</p>
<p>_____</p>
<p>Benchmark #3 1st Marking Period</p>
<p>_____</p>
<p>Benchmark #4 1st Marking Period</p>

Annual Goal:

DE Admin Code §925.20.1.2

Description: The measurable annual goal should have a condition, behavior and criterion. "Measurable" means that you can count it, observe it and document it (generally if you can graph it, it is measurable). The annual goal is what the IEP team feels can be accomplished within one year. The measurable annual goal should answer the question "Are the services and supplemental aids we are providing working?"

M – Mastered **Annual Goal**

S – Sufficient progress to meet **Annual Goal**

N – Not sufficient progress to meet **Annual Goal**

Therapist Signature _____

Date: _____

(For Medicaid Cost Recovery)

DRAFT

Name: _____ Date: _____

Related Services

Services	Type of Delivery	Start/End Date	Frequency	Duration	Location
_____	<i>Description: Three types of delivery are available as part of this drop down - Individual, Group, and Consult. Only one type of delivery model can be chosen for each row.</i>	<i>DE Admin Code §925.20.1.7 Description: The regulation requires that the projected date for the beginning of services, and frequency, duration and location are included.</i>	_____	_____	_____
_____	Individual	_____	_____	_____	_____
_____	Individual	_____	_____	_____	_____
_____	Individual	_____	_____	_____	_____
_____	Individual	_____	_____	_____	_____
_____	Individual	_____	_____	_____	_____
_____	Individual	_____	_____	_____	_____
_____	Individual	_____	_____	_____	_____
_____	Individual	_____	_____	_____	_____
_____	Individual	_____	_____	_____	_____

Name: _____ Date: _____

Additional Considerations

Transportation *DE Admin Code §922.7.3*

Special transportation needs? If yes, specify: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is it necessary to place this student, who is transported from the school by bus into the charge of a parent or other authorized responsible person? If yes, Transportation Department will be notified by: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Participation in Statewide Assessment

<input type="checkbox"/> Student will participate in regular testing conditions without accommodations unless one of the below is checked.
<input type="checkbox"/> Student participates with accommodations as documented on the attached Student Accommodation Checklist.
<input type="checkbox"/> Student is included in Alternate Assessment. The Participation Guidelines form is attached and #500 is filled in on the Student Accommodation Checklist.
<input type="checkbox"/> Student is not in a grade that is assessed.

Discipline

The student will adhere to School Code of Conduct. (Check below if any of the following are needed):
<input type="checkbox"/> Interventions and supports are described under services/supports and/or in goals.
<input type="checkbox"/> Behavior intervention and support plan (see attached).
<input type="checkbox"/> Other: _____

Participation in Twelve-Month Program

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
By State Law [14 Del.C. §1703], parents of students with certain disability classifications may choose a 12-month program which does not exceed 217 school days (Severe Mental Disability; Trainable Mental Disability; Orthopedic Impairment; Traumatic Brain Injury; Deaf-Blind) or 241 school days (Autism). As a parent of a qualifying student, I choose a 12-month program.

Consideration of Eligibility for Extended School Year Services (ESY)

IEP team must consider each of the following factors:					
• Regression / Recoupment	• Vocational Skills	• Degree of Impairment			
• Breakthrough Skills	• Extenuating Circumstances				
Is ESY needed?					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> To Be Determined			
<input type="checkbox"/> ESY offered, but declined by parent					
Rationale for decision: _____					
Specify goals and services: _____					
<input type="checkbox"/> See attached page (if needed)					
Services	Type	Start/End Date	Frequency	Duration	Location
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Name: _____ Date: _____

Least Restrictive Environment/Placement

A student with a disability shall not be removed from education in age appropriate regular classes solely because of needed modifications in general education curriculum. Special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.
[DE Admin Code §923.14.2](#)

Use the option below to determine the appropriate setting.

<input type="checkbox"/>	A.	Regular Setting Includes pull-out related services and team classrooms. Student served inside the regular classroom greater than or equal to 80% of the day.
<input type="checkbox"/>	B.	Services Provided Both in Separate Special Education Classes and Regular Setting Student served inside the regular classroom greater than or equal to 40% of the day and no more than 79% of the day.
<input type="checkbox"/>	C.	Separate Special Education in an Integrated Setting Student served inside the regular classroom less than 40% of the day.
<input type="checkbox"/>	D.	Separate School Student served in public or private separate day school facility for greater than 50% of the school day or a residential facility if student does not live at the facility.
<input type="checkbox"/>	E.	Residential Facility where student resides during the school week.
<input type="checkbox"/>	F.	Homebound or Hospital
<input type="checkbox"/>	G.	Correctional Facilities (only used by DSCYF and Prison Education) Students placed in short-term detention or correctional facilities.

An explanation must be provided about the extent, if any, to which the child will not participate with nondisabled children in the regular class.

[DE Admin Code §925.20.1.5](#)
Description:

Signatures

<input type="checkbox"/> Yes	<input type="checkbox"/> No	I acknowledge that I have received a copy of the Procedural Safeguards. My due process rights under those Procedural Safeguards have been explained to me.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I agree with the program described in this document.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I agree with the placement decision as noted above and discussed at this meeting.

 Parent/Student Signature

 Date

 Parent/Student Signature

 Date

If Parent Does Not Attend

Staff member below is responsible for forwarding a copy of the IEP and Procedural Safeguards and explaining content, if necessary to the Parent.

Name _____ Position _____ Method of Contact _____