

## Individualized Education Program (IEP)

School District: \_\_\_\_\_ Annual Meeting Date: \_\_\_/\_\_\_/\_\_\_

IEP Case Manager: \_\_\_\_\_ Effective date of Revision : \_\_\_/\_\_\_/\_\_\_

Next 3-year Re-evaluation Date: \_\_\_/\_\_\_/\_\_\_ Next Annual Review Date: \_\_\_/\_\_\_/\_\_\_

Student/Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Disability Category: \_\_\_\_\_ Child Count ID #: \_\_\_\_\_

School or Program: \_\_\_\_\_ Grade Assigned: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

**Initiation and Duration of the IEP:** \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

**Initiation and Duration of Extended Year:** \_\_\_\_\_ to \_\_\_\_\_

IEP Team Members	Printed Name/Position/Agency (check box if in attendance)
Name:	Parent(s)/Guardian/Surrogate/Adult Student (circle one) <input type="checkbox"/>
Name:	Student (when appropriate) <input type="checkbox"/>
Name:	Local Education Agency (LEA) Representative <input type="checkbox"/>
Name:	Special Education Teacher or Service Provider <input type="checkbox"/>
Name:	Early Childhood Education Teacher <input type="checkbox"/>
Name:	Individual who can interpret the instructional implications of evaluation results <input type="checkbox"/>
Name:	Individual who can conduct diagnostic Examinations (SLD requirement) <input type="checkbox"/>

Others with knowledge of the child*	Position/Agency
Name:	<input type="checkbox"/>
Name:	<input type="checkbox"/>
Name:	<input type="checkbox"/>
Name:	<input type="checkbox"/>
Name:	<input type="checkbox"/>
Name:	<input type="checkbox"/>
Name:	<input type="checkbox"/>

**\*Including individuals for Part C Early Intervention**

**Individualized Education Program  
Present Levels of Educational and Functional Performance**

**Student Name:** \_\_\_\_\_ **IEP Meeting Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

This section should provide a concise overview of student's current skills and serve as the basis of the student's program for the upcoming year. Describe the student's **present levels of educational performance including the student's functional performance, abilities, acquired skills and strengths relative to standards and/or grade level expectations**. Briefly highlight how the disability affects the student's involvement and progress in the general curriculum or, **for preschool children, describe how the child's disability affects his/her access to and participation in age appropriate activities**. As appropriate, address the following areas.

**Briefly describe the child's abilities and interests (who they are as an individual) and how their developmental delay or medical condition affects their access to and participation in age appropriate activities.**

- ❖ *As a toddler, Amanda received early intervention services through the local Part C agency. She transitioned to school last May (2010). At that time, Amanda received home-based services 2 x per week as well as receiving special education services at a community-based childcare 2 x per week. Amanda was diagnosed with Pervasive Developmental Disorder-not otherwise specified (PDD-nos) this past June (2010) She was 3.2 years of age at the time of diagnosis. Amanda currently attends and receives special education services in the school district early childhood classroom 3 days per week for 4 hours per day. She also attends a local childcare program 2 days per week.*
- ❖ *Amanda has limited eye contact yet tends to use her peripheral vision when attending*
- ❖ *She will observe her peers from a distance. She is just beginning to initiate interaction with her peers*
- ❖ *She has been observed imitating her peers actions along with some words (vocal imitation is increasing)*
- ❖ *Amanda demonstrates a limited range of emotions in play*
- ❖ *Playing in closer proximity of her peers, Amanda requires an adult to facilitate peer play opportunities such as sharing or trading toys/materials.*
- ❖ *Amanda's receptive language skills are more age appropriate than her expressive language skills*
- ❖ *Amanda will use signs (more, help, stop, please) on occasion to supplement her communication*
- ❖ *Adults and peers have increased their use of ASL*

**MEDICAL History:** (physical, hearing, vision, CDC report, etc.)

- ❖ *Amanda's hearing was tested in June of 2010 and results were within normal range*
- ❖ *Amanda has recently been fitted with orthotics which seem to help with her coordination and stability*
- ❖ *Amanda's most recent medical examination (July 2010) report stated that she was in good health for her age. No health concerns at this time but physician will receive progress reports from physical therapist on a monthly basis*

**Child STRENGTHS:** (consider the child's strengths/interests across the three early childhood outcome (ECO) areas: getting needs met, acquiring new knowledge, social-emotional skills-relationships and engagement)

**A. Social emotional skills and relationship:**

- *She has been observed imitating her peers actions along with some sounds (vocal imitation is increasing)*
- 

**B. Acquiring new knowledge and skills:**

- *She is a sweet and loving girl who smiles when she is drawing, using scissors to snip and actively engaged in art activities-especially when she has the opportunity to glue*
- *Amanda uses 1-word signs (ASL) such as 'more', 'help', 'stop', 'please'*
- *She is curious about but may persevere on mechanical items (cd player, radio in car, wind-up toys, items with an on/off switch)*
- *She is pointing to pictures in storybooks*
- *Amanda will attend to 1 or 2 books at a time given caregiver support at preschool and at home*

**C. Getting needs met:**

- *Amanda is seeking out books in the preschool classroom and at home and will retrieve a book, bring it to an adult, and tug on the adults clothing to get her need met*
- *Amanda is using picture cards at home to support transition times and meal times*

**Child CONCERNS:** (consider concerns across the three early childhood outcome (ECO) areas: getting needs met; acquiring knowledge; social-emotional skills- relationships and engagement) If behavior is a concern, has a functional behavior assessment\* been conducted?

**A. Social emotional skills and relationship:**

- Amanda has a difficult time engaging with adults, peers and objects for extended periods of time.
- Amanda uses gestures paired with vocalizations in 50% or less of her communications with adults and peers

**B. Acquiring new knowledge and skills:**

- She will respond and follow a one step direction but has difficulty with two step directions
- 

**C. Getting needs met:**

- Limited mobility and communication effects her participation and engagement with peers across daily routines and activities.

**Child NEEDS:** Consider and prioritize the necessary supports for the child to access and participate in a regular early childhood setting and age appropriate activities with his/her same-age peers?

**A. Social emotional skills and relationship**

- Amanda's communication and engagement with peers and adults is limited. It is recommended that daily semi-structured play sessions are developed and implemented to increase the number of back no forth interactions, prolonging her play and engagement with adults, peers, and toys across daily routines and activities.

**B. Acquiring new knowledge and skills:**

- Amanda will initiate and respond with signing (ASL) on occasion. Increase use of ASL throughout daily routines is highly recommended.
- Amanda will benefit from embedded learning opportunities within the regular early childhood setting and curriculum that ensure each global outcome areas are addressed.

**C. Getting needs met:**

- Amanda has most recently been fitted with Dafos to improve her stability for successful standing and walking and keeping up with her peers. Implement daily recommendations by physical therapist.

**OTHER CONSIDERATIONS:** (Areas to consider that could enhance the child's educational opportunities: safety/health, school district partnerships with community-based early childhood programs (Act 62), private early childhood programs, home-visiting, community-based child and family resources (Children's Integrated Services), transportation, disability awareness, advocacy needs)

- Transportation to and from school may need to be considered in the near future.
- Interagency support for Amanda's childcare participation? It is recommended that childcare staff apply for a specialized accommodations grant through AHS.

\*Foundations for Early Learning (FEL) Functional Behavior Assessment Forms can be located on-line at [www.\\_\\_\\_\\_\\_](http://www.____)

IEP for \_\_\_\_\_

IEP Meeting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Global outcome/Goal area:** *Building Positive Social Emotional Skills & Relationships*

Please check which developmental area you are addressing:  social/emotional  adaptive  communication  fine/gross motor  cognitive skills

**Current developmental skill level:** *Amanda's communication and engagement with peers and adults is limited. She uses gestures paired with vocalizations in 50% or less of her communications with adults and peers.*

**Current functional ability:** (Consider how the child uses discrete skills (as listed above) in a meaningful, intentional and functional way in the context of everyday activities, routines and transitions. Focus on the child's engagement, approaches to learning and independence in developmentally appropriate activities across a variety of settings.)  
*Amanda has learned to access adults by taking their hand and leading the adult to get her needs met. She initiates interaction or responds to an adult or peer by using gestures (such as tugging on an adult's clothing or turning towards the source of an adult or child's voice) or by making sound approximations such as mm for mommy, nnnnn for no, bbb for book, etc.*

**Early Childhood Outcome culminating statement for this outcome area is required upon entry and exit of EEE services. (add drop down bucket list) Buckets will be converted to COSFrating which appears on page \_\_\_\_ of this document.**

**Vermont Early Learning Standards:** *VELS II. 4. Interactions with Others: Children develop successful relationships with other members of their learning community.*  
*VELS: II I. Children use play as a vehicle to build relationships and to develop an appreciation for their own abilities and accomplishments*

**Short-term Objectives, Benchmarks, Evaluation Procedures and Personnel Responsible**

*Amanda will take turns in play with another child (for example sharing books, ball, paintbrush, basket of crackers) at preschool so that she participates during small group activities, snack, choice time or outdoor play, or at home when playing with her sister, for five back-and-forth interactions at least 10 a day times for five consecutive days by May 2012.*

- *Objective a. By October, 2011, Amanda will take turns for two back-and-forth interactions with her classmates at school and her sibling at home five times a day for five consecutive days.*
- *Objective b. By January, 2012, Amanda will participate in turn-taking play for three back-and-forth interactions eight times a day for five consecutive days.*
- *Objective c. By May, 2012, Amanda will participate in turn-taking play for five back-and-forth interactions 10 times a day for five consecutive days.*

**Progress Review Dates**

*Progress is reported as often as the school district conducts parent/teacher conferences or as determined by the IEP team..*

**Date of review:**

**After reviewing the outcome/goal and progress monitoring data, we, the team, have decided:**  
**(Check one)**

- We still need to work toward this outcome/goal.**  
*Let's continue with what we have been doing.*
- We still need to work toward this outcome/goal.**  
*Let's discuss new ways to get there.*
- The situation has changed; we no longer need to work on this outcome/goal.**
- We are satisfied that the child has mastered this outcome/goal.**
- Other:

IEP for \_\_\_\_\_

IEP Meeting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Global outcome/Goal area cont'd: \_\_\_\_\_

Short-term Objectives, Benchmarks, Evaluation Procedures and Personnel Responsible

Progress Review Dates

*(This area is currently blank, overlaid with a large 'DRAFT' watermark.)*

**Date of review:**  
After reviewing the outcome/goal and progress monitoring data, we, the team, have decided:  
**(Check one)**

We still need to work toward this outcome/goal.  
*Let's continue with what we have been doing.*

We still need to work toward this outcome/goal.  
*Let's discuss new ways to get there.*

The situation has changed; we no longer need to work on this outcome/goal.

We are satisfied that the child has mastered this outcome/goal.

Other:

*(This area is currently blank, overlaid with a large 'DRAFT' watermark.)*

**Date of review:**  
After reviewing the outcome/goal and progress monitoring data, we, the team, have decided:  
**(Check one)**

We still need to work toward this outcome/goal.  
*Let's continue with what we have been doing.*

We still need to work toward this outcome/goal.  
*Let's discuss new ways to get there.*

The situation has changed; we no longer need to work on this outcome/goal.

We are satisfied that the child has mastered this outcome/goal.

Other:

## Individualized Education Program Special Education Services, Related Services, Consent to Bill Medicaid

**Student Name:** \_\_\_\_\_ **IEP Meeting Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

The IEP team determines the special education, related services, and supplementary aids and services based on peer reviewed research, to the extent practical, that are needed for the child to receive FAPE.

Special Education Services <i>(Specify global outcome area addressed)</i>	Init Date	End Date	Freq	Time	Location	Provider	Group Size
<i>Case Management</i>	4-28 2011	4-27 2012	1 x wk	60 min	Early Childhood Office	Essential Early Educator	N/A
<i>Positive social emotional skills and relationships</i>	4-28 2011	4-27 2012	3 x wk	120 min	Early Childhood Setting	EC paraprofessional	Small group
<i>Acquiring new knowledge and skills</i>	4-28 2011	4-27 2012	3 x wk	30 min	Early Childhood Setting	Essential Early Educator	1:1
<i>Getting Needs Met</i>	4-28 2011	4-27 2012		60 min	Early Childhood Setting	EC paraprofessional	Small group
<i>Acquiring new knowledge and skills Speech articulation, expressive lang.</i>	4-28 2011	4-27 2012	3 x wk	30 min	Early Childhood Setting	SLP	1:1

Related Services	Init Date	End Date	Freq	Time	Location	Provider	Group Size
<i>Speech Therapy -Communication- Expressive &amp; Articulation</i>	4-28 2011	4-27 2012	1xmnth	60 min	Early Childhood Office	SLP	consultation
<i>Occupational Therapy-Fine/Gross Motor</i>	4-28 2011	4-27 2012	2x wk	30 min	Early Childhood Setting	OT	1:1
<i>Physical therapy -Gross Motor</i>	4-28 2011	4-27 2012	1xmnth	60 min	Early Childhood Office	PT	1:1

Extended School Year Services	Init Date	End Date	Freq	Time	Location	Provider	Group Size
<i>Positive Social Emotional skills and relationships</i>	7-6 2011	8-15 2011	3xwk	120 min	Early Childhood Setting	EEE	Small group
<i>Acquiring new knowledge and skills</i>	7-6 2011	8-15 2011	2x wk	30 min	Early Childhood Setting	EEE	Small group

### Parental Consent to Bill Medicaid

As the parent/guardian, I give permission  or do not give permission  to the school district to bill Medicaid for the eligible services listed above. This permission also allows the release of necessary special education records to a physician or nurse practitioner in order for him/her to reach a determination that the services are medically necessary; as well as to individuals within the Department of Education and the Agency of Human Services charged with processing Medicaid bills for those services above that are considered medical services under Vermont Medicaid rules. I understand that if I refuse to consent, my refusal will not affect the school district's responsibility to provide these services to my child at no cost to me. I understand that I may revoke this consent at any time and, if I revoke this consent, it will apply to billing for services from that date forward.

**Individualized Education Program  
Educational Environment/Placement**

Student Name: \_\_\_\_\_ IEP Meeting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**An explanation of the extent, if any, to which the preschooler will not participate with children without disabilities in a regular early childhood setting and in age appropriate activities.**

**Description of the student/child's educational environment/placement:**

**The general characteristics of the child's early childhood education environment/placement (ages 3-5):**

- Child is attending a regular early childhood program **10 or more** hours per week.
  - and receives at least 50% of their special education services in the regular early childhood program
  - and receives at least 50% of their special education services in some other location
- Child is attending a regular early childhood program **less than 10** hours per week
  - and receives at least 50% of their special education services in the regular early childhood program
  - and receives at least 50% of their special education services in some other location
- Child is not attending a regular early childhood program and receives special education services in:
  - a separate special class
  - a separate school
  - a residential facility
  - their home
  - the service provider's location or another location

**Accommodations, Modifications, and/or Supplementary Aids**

**Identify environmental accommodations, curriculum modifications, supplementary aids etc. that will support the child's access to and participation in a regular early childhood setting.**

**Program Modifications/Supports for the Child, Preschool Personnel and  
Parents as well as Other Options Considered by the IEP Team**

**Identify the program modifications or supports that will be provided for preschool personnel and parents to implement the IEP:**

## Individualized Education Program PreK (Act 62) Assessment and Early Childhood Outcomes

Student Name: \_\_\_\_\_ IEP Meeting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### PreKindergarten (Act 62) Assessment (please check appropriate box or boxes)

For VT DOE reporting purposes, the IEP team has determined that the child's annual progress will be assessed using the GOLD (required statewide PreK assessment measurement)

For VT DOE reporting purposes, the IEP team has determined that the child's annual progress will be assessed using an alternative assessment measure i.e., Battelle Developmental Inventory, Transdisciplinary Play-based Assessment, etc.

### Early Childhood Outcomes Entry, Exit and Progress Data Collection

*(generated from drop down bucket list)*

Outcome Area	Entry	Annual Review	Annual Review	Annual Review	Exit	Progress at exit?
A. Positive Social Emotional Skills	1	2	3		3	Yes ▾
B. Acquiring new knowledge/skills	2	3	4		5	Yes ▾
C. Getting Needs Met	2	3	3		4	Yes ▾

### Sample~~ Amanda's Outcome Summary

