

\_\_\_\_\_ **SCHOOL DISTRICT**

Name of Student \_\_\_\_\_ WISEid \_\_\_\_\_ LEA's Student ID \_\_\_\_\_

**I. INFORMATION ABOUT THE STUDENT**

Information about the student, including strengths, effects of the disability/special factors, present level of academic achievement and functional performance, and any concerns must be considered when identifying the student's disability-related needs and developing goals and services to address those needs. Include strategies that have been effective in improving the student's academic achievement and functional performance and access to general education.

**Parents are important members of the IEP team and are encouraged to share information throughout the process. The student should be included, whenever appropriate, and encouraged to provide input throughout the process.**

**A. Strengths**

Describe the student's strengths (*including academic skills, communication skills, social and emotional skills, and interests*).

**B. Current Academic Achievement and Functional Performance**

**Academic achievement** generally refers to a student's performance in academic content areas (e.g., reading, math, written language, etc.). For preschool children, academic achievement generally refers to knowledge and skills such as early language development/communication, early literacy, cognition and general knowledge. Academic achievement statements must include information about student achievement and/or progress compared to age/grade-level standards. Sources of information may include state, district-wide, or classroom assessments, rubrics, screeners, recent evaluations, etc.

1. Describe the student's present level of academic achievement (including reading achievement). For preschool children, describe the child's acquisition and use of knowledge and skills (including early language/communication and early literacy).

**Functional performance** includes activities and nonacademic skills needed for independence, access to instruction and performance at school, in the home, in the community, for leisure time, and for post-secondary and lifelong learning (including reading). Some examples include activities of everyday living, school/work/play habits, health-enhancing physical activity and social and emotional skills. Functional performance statements must include information about student achievement and/or progress compared to age/grade-level expectations.

2. Describe the student's present level of functional performance. For preschool children, describe the child's positive social and emotional skills (including social relationships) and use of appropriate behaviors to meet their needs and the impact on early literacy.

**C. Special Factors**

Special Factors must be considered when developing the individualized education program. Consider the special factors when identifying the effects of disability, summarizing disability related needs, developing goals, and determining services in the Program Summary.

For example, if a student's behavior impedes learning or that of others, describe the student's behavioral needs. The behavioral needs of the student may be determined through a functional behavioral assessment (FBA). Consider those behavioral needs when determining the effects of the disability, the student's disability related needs, and developing goals. Positive behavioral interventions, strategies, or supports must be included as specially designed instruction, related services, supplementary aids and services and/or program modifications and supports in the Program Summary.

1. Does the student's behavior impede their learning or that of others?

Yes       No

If yes, describe the student's behavioral needs:

Has a functional behavioral assessment (FBA) been conducted?

Not Applicable       Yes, if so when \_\_\_\_\_       No

*Document positive behavioral interventions, strategies, and supports, and other services in the Program Summary.*

2. Is the student an English Learner (EL)?

Yes       No

If yes, describe how this factor affects the student's needs related to this IEP:

3. In the case of a child who is blind or visually impaired, does the student need instruction in Braille or the use of Braille? (Attach Determining Braille Needs (ER-3) from the latest evaluation/reevaluation or any updated information.)

Not Applicable       Yes       No       Cannot be determined at this time

If yes, describe needs, including Braille needs:

4. Does the student have communication needs that could impede their learning?

Yes       No

a. If yes, describe the communication needs (including speech and language needs):

b. If the student is deaf or hard of hearing, describe (a) the student's language and communication needs; (b) opportunities for direct communication with peers and professional personnel in the student's language and communication mode; and, (c) academic level and full range of needs including opportunities for direct instruction in the student's language and communicative mode:

5. Does the student need assistive technology services or devices, including any services or devices needed to assist with reading? (Consider the need for accessible education technologies or materials available to students regardless of formats or features, including the National Instructional Materials Access Center/NIMAC.)

Yes       No

If yes, describe the student's assistive technology needs:

*Document necessary services or devices in the Program Summary.*

**D. Concerns of the Parent(s)/Family**

1. Describe the concerns of the parent(s)/family for enhancing the education of the student. This may include concerns about reading achievement, early language/communication or early literacy skills, other academic areas, health-enhancing physical activity, social and emotional needs, sensory needs, behavior, the child's future and postsecondary transition, etc.:
  
2. Describe the concerns (if any) of the student for enhancing their education:

**E. Effects of Disability**

Effects of the disability identifies **how** the student's disability affects academic achievement and functional performance. The effects are what the IEP Team observes when the student has difficulty accessing, engaging and making progress in the general education curriculum, instruction, and environments. This item must be addressed for all students, regardless of the areas of impairment, including students identified as speech and language only.

1. Describe how the student's disability affects their access, involvement and progress in the general education curriculum, **including how the disability affects reading**. For preschool children, describe how the disability affects participation in age-appropriate activities, including language development, communication and/or early literacy.
  
2. Does the student's disability adversely affect their progress toward meeting age/grade-level reading standards? For preschoolers, does the disability adversely affect progress toward the early learning standards for language development, communication and/or early literacy?  
 Yes             No
  
3. Is this a student with the most significant cognitive disability who will participate in curriculum aligned with **alternate** achievement standards? (See *DPI Model Form I-7-A-Participation Guidelines For Alternate Assessment for the definition of most significant cognitive disability*.)  
 Yes             No

**F. Summary of Disability-Related Needs**

A disability-related need:

1. Addresses the **effect** of the student’s disability on access, engagement, and progress in the general curriculum and environment;
2. Addresses the **root cause** why a student is not meeting age/grade level academic standards and functional expectations; and
3. Specifies what **skill/behavior** the student needs to develop/improve so the student can meet age/grade level standards and expectations.

If the IEP team determines the student has a disability-related need(s) that affects reading (academic and/or functional), the IEP must include a minimum of one goal to address this need(s). Each identified disability-related need must have at least one corresponding goal and/or service to address the need. A goal or service may address more than one need. Services include special education, related services, supplementary aids and services, or program modifications or supports for school personnel.

**List and number** the disability-related needs. Include reading needs, or early literacy needs, and needs due to special factors, if identified. Reference numbered needs in the measurable annual goal statements (*add rows, as needed*).

|   |  |
|---|--|
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |

**II. FAMILY ENGAGEMENT**

How will school staff engage parent(s)/families in the education of the student (e.g. sharing resources, communicating with parent(s)/families, building upon family strengths, connecting parent(s)/families to learning activities, etc.)?

**III. MEASURABLE ANNUAL GOALS**

Each goal must address at least one disability-related need.

Develop / revise one or more measurable annual academic or functional goal to:

- Address any lack of expected progress toward the annual goals, if appropriate;
- Address the unique needs of the student that result from the student's disability (*see section I.F. above*);
- enable the student to progress toward age/grade-level reading standards, or for preschoolers, early learning standards for language development, communication and early literacy;
- Enable the student to be involved in the general education curriculum i.e., the same curriculum as for nondisabled students;
- Enable the student to progress toward meeting age/grade-level academic standards; and
- Enable the student to be educated and participate with nondisabled students.

If the IEP team determines the student has a disability-related need that affects reading (academic or functional), the IEP must include a minimum of one goal to address this need.

**A. Before developing annual goals**, review the previous IEP goals and progress (*document review and student's progress on the I-5, Annual Review of IEP Goals*)

Previous IEP goals reviewed:  Yes  No  Not Applicable

**B. Goal # \_\_\_\_\_** (*The Goal # changes as goals are added. Complete 1 through 5 below for each goal.*)

1. Goal Statement:

a. Baseline (Student's current level of performance from which progress toward this goal will be measured):

b. Level of Attainment (Must relate to the baseline measurement and reflect progress):

2. Benchmarks or Short-Term Objectives (*Required for students with the most significant cognitive disability expected to participate in an assessment aligned with alternate academic achievement standards.*):

Not Applicable

3. Annual goal addresses disability-related need(s) # \_\_\_\_\_ of the student. (*Needs identified in Section I.F.*)

4. Procedures for measuring the student's progress toward meeting the annual goal **from baseline to level of attainment**:

5. When will reports about the student's progress toward meeting the annual goal be provided to parent(s)? (*Document reviews and student's progress on the I-6, Interim Review of IEP Goals.*)



**C. Related Services Needed to Benefit from Special Education**

Transportation and such developmental, corrective, and other supportive services as are required to assist a student with a disability to benefit from special education. *For each related service, identify the corresponding annual goal(s). In some situations, there may not be a corresponding goal. In those situations it is acceptable to identify the disability-related need(s).*

None needed

| Describe   | Frequency | Amount | Location | Duration | Addresses Goal(s) # _____ | Addresses Need(s) # _____ |
|--|-----------|--------|----------|----------|---------------------------|---------------------------|
| <input type="checkbox"/> Assistive Technology  |           |        |          |          |                           |                           |
| <input type="checkbox"/> Audiology   |           |        |          |          |                           |                           |
| <input type="checkbox"/> Counseling  |           |        |          |          |                           |                           |
| <input type="checkbox"/> Educational Interpreting  |           |        |          |          |                           |                           |
| <input type="checkbox"/> Medical Services for Diagnosis and Evaluation                   |           |        |          |          |                           |                           |
| <input type="checkbox"/> Occupational Therapy  |           |        |          |          |                           |                           |
| <input type="checkbox"/> Orientation and Mobility (For students with Visual Impairments) |           |        |          |          |                           |                           |
| <input type="checkbox"/> Physical Therapy  |           |        |          |          |                           |                           |
| <input type="checkbox"/> Psychological Services  |           |        |          |          |                           |                           |
| <input type="checkbox"/> Recreation  |           |        |          |          |                           |                           |
| <input type="checkbox"/> Rehabilitation Counseling Services                              |           |        |          |          |                           |                           |
| <input type="checkbox"/> School Health Services  |           |        |          |          |                           |                           |
| <input type="checkbox"/> School Nurse Services   |           |        |          |          |                           |                           |
| <input type="checkbox"/> School Social Work Services                                     |           |        |          |          |                           |                           |
| <input type="checkbox"/> Speech / Language   |           |        |          |          |                           |                           |
| <input type="checkbox"/> Transportation  |           |        |          |          |                           |                           |
| <input type="checkbox"/> Other: specify  |           |        |          |          |                           |                           |

**D. Program Modifications or Supports for School Personnel**

Services or activities for school personnel to meet the needs of the student. *Identify the goal(s) or need(s) addressed.*

None needed

| Describe | Frequency | Amount | Location | Duration | Addresses Goal(s) # _____ | Addresses Need(s) # _____ |
|----------|-----------|--------|----------|----------|---------------------------|---------------------------|
|          |           |        |          |          |                           |                           |
|          |           |        |          |          |                           |                           |

**V. STUDENT PARTICIPATION**

**A. Participation in Regular Education Environment** (*location, including regular education classrooms, extracurricular and nonacademic activities, and workplace settings*) Ensure any supplementary aids and services needed for the student to participate in the regular education environment, including regular education classrooms, extracurricular and nonacademic activities, and workplace settings, are included in the Program Summary.

The student will participate full-time with non-disabled peers **in regular education environment**, or for preschoolers, with non-disabled peers in age-appropriate settings.

If you have indicated in the Program Summary a location other than regular education environment, or age-appropriate settings for preschoolers, you must check the box below and answer Questions 1 and 2.

The student will **not** participate full-time with non-disabled peers in regular education environment, or for preschoolers, with non-disabled peers in age-appropriate settings.

1. Describe the extent to which the student will **not** participate with non-disabled peers in the regular education environment, or age-appropriate settings in the case of a preschooler, including extracurricular and nonacademic activities:
  
  
  
  
  
  
  
  
  
  
2. Explain **why** full-time participation with non-disabled peers is not appropriate, or in the case of a preschooler, participation in age-appropriate settings including extracurricular and nonacademic activities:

Ensure any supplementary aids and services needed for the student to participate in the regular education environment, including regular education classrooms, extracurricular and nonacademic activities, and workplace settings, are included in the Program Summary.

**B. Participation in Physical Education**  Not Applicable (If the student is in a grade-level where physical education is not offered **and** the student does not require adapted physical education as part of a free appropriate public education.)

General Physical Education

Adapted Physical Education

If the IEP team determines the student requires adapted physical education, there must be a corresponding disability-related need and goal, and this service must be included in the Program Summary with the appropriate frequency and amount.