

INDIVIDUALIZED EDUCATIONAL PROGRAM DATA SHEET

Note signed

(Adapt These Requirements to your Form)

LEA: _____ Name: _____
 School: _____ Grade: _____ Age: _____

			+ / - N/A	
Pg. 1	1	Student's strengths		
	2	Parent's concerns		
	3	Student's involvement/progress-general curriculum		
Pg. 2	1	Area(s) Assessed		<i>Areas:</i>
	2	Present levels of performance (current)		
	3	Sources of Information		
	4	Date - Sources of Information		
	5	'Exceptional' indicated		
	6	Pre-Vocational/Vocational		
	7	Consideration of Special Factors		
	8	Where 'Special Factors' information located		
Pg 2a	1	Comprehensive Vocational Assessment Administered		
	2	Desired Post School Outcomes (by age 14)		
	3	Transition Service Needs (by age 14)		
	4	Transition Services (by age 16)		
	5	Goal Sheet appropriate (if required)		
	6	Agency Linkage (if appropriate)		
	7	Documented other agency participating in planning		
	8	Person listed to contact other agency if absent		
	9	Student preferences/interests documented (if absent)		
Pg. 3	1	Area of Need		<i>Areas:</i>
	2	Personnel/Position Responsible		
	3	Annual Goal		
	4	Benchmarks/Short-Term Instructional Objectives		
	5	Anticipated Beginning Dates		
	6	Criteria For Mastery		
	7	Methods of Evaluation		
	8	Supplementary Aids/Supports for the Student		
	9	Modifications/Supports for School Personnel		
	10	Date Progress Report Sent to Parents		
Pg. 4	1	Regular Program Participation (modifications)		
	2	State/District Mandated Tests		
	3	Alternate Assessment (addendum attached?)		
	4	Service / sessions / time / hours per week		
	5	Beginning Ending dates (mm/dd/yy)		
	6	Location of Service		
	7	Related Services (only if appropriate)		
	8	Total Regular Education Hours (if given)	XXXX	
	9	Total Special Education Hours (if given)	XXXX	(Matches Census?) Yes _____ No _____
Pg. 5	1	Justify removal from regular education (if any)		
	2	Justify student removal from activities (if any)		
	3	Justify if the student is not in his/her home school		
	4	Special transportation was considered		
	5	Extended School Year was considered		Provided: Yes _____ No _____
	6	IEP Participants include the Parent		
	7	IEA Representative		
	8	Special Education Teacher of the child		
	9	Regular Education Teacher of the child		
	10	Student Involvement by age 14		(Documented)
	11	Informed Parental Consent		(Incid. Lgl Parent, Rgts Gvn, Permiss. Rgts @ 17)
	12	IEP/Rights given to parent when absent & LEA person responsible		
	13	IEP reviewed by other teachers not in attendance		