

INDIVIDUALIZED EDUCATION PROGRAM DESCRIPTION

SPECIAL EDUCATION - GUIDANCE BRIEF



School Address: _____

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

IEP Meeting Date: _____ IEP Begin Date: _____ IEP End Date: _____

Initial Subsequent Interim Addendum Service Plan (ISP)

Name of Student: _____ State Testing Number (STN): _____

Date of Birth: _____ Grade: _____ Age: _____

Parents: _____

Phone: (Work) _____ (Home) _____ (Cell) _____

Home Address: _____ District: _____

School Site: _____ Site Code: _____ IEP Teacher of Record: _____

OVERALL OBJECTIVE STATEMENTS

Document current evaluation data and write objective statements, (may include recent statewide and districtwide assessments) to demonstrate how the child's disability affects the child's involvement, functional performance, and progress in the general education curriculum and postsecondary education transition, as appropriate. For students of transition age, document transition assessment results as they relate to the postsecondary goal(s). For preschool children, describe how the disability affects the child's participation in age appropriate activities.

The date of the IEP meeting and the time frame in which the IEP is effective must be noted at the top of the document. IEPs must be reviewed at least annually. However, this does not limit the number of reviews and updates. The IEP is a living, fluid document that can be adjusted to best meet the student's needs based on a team decision.

One box will be marked to designate: Initial - first IEP for the student, Subsequent - an annual IEP, Interim - available in the circumstance that a student moves into a new district and the team needs time (maximum of 30 calendar days until it expires) to evaluate the IEP prior to accepting it or writing a new one, or Amendment - minor change to the IEP that does not change IEP date.

This section provides the student's basic information. This section automatically populates from the district's student information system. It is important in meetings to confirm that all information is current.

The purpose of the objective statement is to give a snap shot of the student and an overview of their individual abilities and needs. This information should provide a clear understanding for staff in the event that the student transfers to a new location.

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CURRENT ASSESSMENTS

According to the review of the current assessment data and the team's decision, this student will participate in an Alternate Assessment. Yes No
 If the student will be participating in an alternate assessment, please explain why the child cannot participate in the regular assessment.

Present Level of Academic Achievement and Functional Educational Performance: Document current evaluation data and write objective statements, (may include most recent statewide and districtwide assessments) to demonstrate how the child's disability affects the child's involvement and progress in the general education curriculum and postsecondary transition, as appropriate. For students of transition age, document transition assessment results as they relate to the postsecondary goal(s). For preschool children, describe how the disability affects the child's participation in age appropriate activities.

| Assessment Area | Assessment Title: | | | |
|-----------------|-------------------|---------------------|----------------|--------------------|
| | Component: | Date of Assessment: | Score Type(s): | Score(s) Reported: |
| | | | | |

Assessment Narrative: _____

| Assessment Area | Assessment Title: | | | |
|-----------------|-------------------|---------------------|----------------|--------------------|
| | Component: | Date of Assessment: | Score Type(s): | Score(s) Reported: |
| | | | | |

Assessment Narrative: _____

| Assessment Area | Assessment Title: | | | |
|-----------------|-------------------|---------------------|----------------|--------------------|
| | Component: | Date of Assessment: | Score Type(s): | Score(s) Reported: |
| | | | | |

Assessment Narrative: _____

| Assessment Area | Assessment Title: | | | |
|-----------------|-------------------|---------------------|----------------|--------------------|
| | Component: | Date of Assessment: | Score Type(s): | Score(s) Reported: |
| | | | | |

Assessment Narrative: _____

Revised: 9/9/2020

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The team must indicate whether or not the student will participate in the Oklahoma Alternate Assessment Program. In order for a student to be eligible for this, the team must complete *The Criteria Checklist for Assessing Students with Disabilities on Alternate Assessments*. In order to participate, all answers on this criteria checklist must be marked "yes."

Current assessments, a year old or less, must be included in each IEP to document the student's current levels of performance, in order to determine areas of strengths and needs. These can include, but are not limited to, benchmark data, achievement tests, behavioral data, etc. The data from these assessments must be used to develop appropriate annual goals and objectives for the student.

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Assessment Narrative: _____

The student's strengths (academic, social, behavioral, etc.) should be listed here. In addition, next to anticipated effects, the team should document how the student's strengths will affect their needs.

CURRENT DESCRIPTIVE INFORMATION

List strengths of the child and a statement of the anticipated effects on the child's participation in the general education curriculum or appropriate activities.

Strengths: _____

Anticipated Effects: _____

List the educational needs resulting from the child's disability, which may require special education, related services, supplementary aids, supports for personnel, or modifications.

- Academic Readiness
- Academics- Oral Expression
- Academics- Basic Reading Skills
- Academics- Listening Comprehension
- Academics- Math Calculation
- Academics- Math Problem Solving
- Academics- Reading Comprehension
- Academics- Reading Fluency
- Academics- Written Expression
- Adaptive Behavior
- Cognitive Development
- Communication Development
- Fine Motor
- Gross Motor
- Hearing
- Medical/Physical Needs
- Sensory Processing
- Social/Emotional Behavior
- Speech/Language
- Vision
- Transition: Education/Training
- Transition: Employment
- Transition: Independent Living
- Transition: Community Participation

Each of the student's needs must be checked from the given list and must be aligned to the benchmark data, the IEP goals and IEP services.

Parent Concerns for Enhancing the Child's Education: _____

Any concerns that the parent shares relating to their child's education or needs should be documented here. The team should address parent concerns through the development of the IEP. This section can also note any positive comments from the parent in regard to the student's education, progress, or plan.

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CONSIDERATION OF SPECIAL FACTORS FOR IEP DEVELOPMENT

| Yes | No | The following special factors have been considered by the IEP team with relevance to this child. | |
|--------------------------|--------------------------|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Does the student have limited English proficiency? | |
| | | 1a. If yes, what is his/her primary mode of language? _____ | |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Is the student blind or visually impaired? | |
| | | 2a. Does the student need instruction in Braille? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Does the student have communication needs? | |
| | | 3a. If the student has communication needs, describe: _____ | |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Is the student deaf or hard of hearing? | |
| | | 4a. If the student is deaf or hard of hearing, did the IEP team consider the student's language and communication needs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | 4b. If the student is deaf or hard of hearing, did the IEP team consider opportunities for direct communications with peers and professional personnel in the student's language and communication mode? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | 4c. If the student is deaf or hard of hearing, did the IEP team consider necessary opportunities for direct instruction in the student's language and communication mode? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Is Assistive Technology necessary in order to implement the student's IEP | |
| | | 5a. If assistive technology is required to implement the IEP, describe the assistive technology devices and services that are needed: _____ | |
| | | 5b. Describe any assistive technology that may be necessary in order to implement any services that are part of the Contingency Plan? _____ | |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Does the student's behavior impede his/her learning or that of others? | |
| | | 6a. If the student's behavior impedes their learning or the learning of others, the IEP team has addressed the student's behavior in the following way(s): | <input type="checkbox"/> Functional Behavior Assessment <input type="checkbox"/> Behavior Intervention Plan <input type="checkbox"/> Accommodations <input type="checkbox"/> Goals and Objectives <input type="checkbox"/> Other |
| | | 6b. Describe any behavioral supports that may be necessary as part of the Contingency Plan: _____ | |

Special Factors are those an IEP team must consider to help determine individual needs. The team must mark "yes" or "no" based on the individual student. These questions document if the student has limited English proficiency, visual impairment, hearing impairment, communication needs, requires assistive technology, and/or behavioral concerns that impede learning.

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 7. For all questions above marked yes, are services required in the IEP?
 7a. If yes, define services that will be provided through this IEP. _____

ANNUAL GOALS

| | | | | | | | | | | |
|------------------------|---------------|--------------------------------|------------------|-------------|---|-----------|---|----------|-----|--------|
| Annual Goal: | | | | | | | | | | 1 of 3 |
| Area of Need: | | Person/Position Responsible: | | | Contingency: <input type="checkbox"/> Yes <input type="checkbox"/> No | | ESY: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Score | Target Score: | How will progress be measured? | | | | | | | | |
| Type: | | Progress notes | Progress Reports | Report Card | Progress Monitoring | Other: | | | | |
| Overall Goal Comments: | | Frequency: | | | | | | | | |
| | | Weekly | Monthly | 6 Week | 9 Week | Trimester | Semester | Annually | | |
| Objective: | | Begin Date: | | | | | End Date: | | | |
| | | Contingency: | | | Yes | No | ESY: | | Yes | No |
| Objective: | | Begin Date: | | | | | End Date: | | | |
| | | Contingency: | | | Yes | No | ESY: | | Yes | No |

Annual goals are designed to meet the individual needs of the student. They must be aligned with the needs noted earlier in the IEP and the present levels. Goals must be individualized and represent what the team desires for the student to accomplish within the year that the IEP is effective.

| | | | | | | | | | | |
|------------------------|---------------|--------------------------------|------------------|-------------|---|-----------------------------|---|----------|------------------------------|-----------------------------|
| Annual Goal: | | | | | | | | | | 2 of 3 |
| Area of Need: | | Person/Position Responsible: | | | Contingency: <input type="checkbox"/> Yes <input type="checkbox"/> No | | ESY: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Score | Target Score: | How will progress be measured? | | | | | | | | |
| Type: | | Progress notes | Progress Reports | Report Card | Progress Monitoring | Other: | | | | |
| Overall Goal Comments: | | Frequency: | | | | | | | | |
| | | Weekly | Monthly | 6 Week | 9 Week | Trimester | Semester | Annually | | |
| Objective: | | Begin Date: | | | | | End Date: | | | |
| | | Contingency: | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | ESY: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Objective: | | Begin Date: | | | | | End Date: | | | |
| | | Contingency: | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | ESY: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Each goal documents what area of need the goal is aligned with (examples would include math problem solving, fine motor skills, transition, etc.), who is responsible for teaching and tracking the goal, if it will be worked on during extended school year (ESY), what the target score is for the particular goal (for example, 70% accuracy or 7 out of 10 trials), how progress toward the goal will be measured, and how often progress will be shared with parents or guardians.

| | | | | | | | | | | |
|---------------|---------------|--------------------------------|------------------|-------------|---|--------|---|--|--|--------|
| Annual Goal: | | | | | | | | | | 3 of 3 |
| Area of Need: | | Person/Position Responsible: | | | Contingency: <input type="checkbox"/> Yes <input type="checkbox"/> No | | ESY: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Score | Target Score: | How will progress be measured? | | | | | | | | |
| Type: | | Progress notes | Progress Reports | Report Card | Progress Monitoring | Other: | | | | |

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| | | | | | | | |
|------------------------|--------------|--------|---------|--------|-----------|--|----------|
| Overall Goal Comments: | Frequency: | | | | | | |
| | | Weekly | Monthly | 6 Week | 9 Week | Trimester | Semester |
| Objective: | Begin Date: | | | | End Date: | | |
| | Contingency: | | | | ESY: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Objective: | Begin Date: | | | | End Date: | | |
| | Contingency: | | | | ESY: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

TRANSITION SERVICES PLAN

List of Needs, Preferences, Strengths, and Interests Based on Present Levels of Performance and Age Appropriate Transition Assessments.
 Transition Needs (specific needs based on results from transition assessments), Preference, Strengths, Interests (this should include information not already documented in the Present Levels section):

| | |
|--|--|
| Desired Post-Secondary/Outcome Completion Goals | |
| Education/Training: Upon graduation from high school, I will | |
| Employment: Upon graduation from high school, I will | |
| Independent Living (if appropriate): Upon graduation from high school, I will | |
| Community Participation (if appropriate): Upon graduation from high school, I will | |

OK Promise: Student plans on enrolling in the Oklahoma's Promise Program? Yes No
 Curriculum Participation College Preparatory/Work Ready Core Curriculum

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A transition services plan must be in effect no later than the beginning of 9th grade or by the time the student turns 15, whichever comes first. Transition assessments must be completed annually to document progress and develop postsecondary, annual goals and transition services. The team must also indicate the student's strengths, preferences, interests, and specific transition needs (money management, employment, self-determination, etc.) This plan helps prepare the student for life after high school.

The desired post-secondary/outcome completion goals must be individualized, based on assessment results, and document the student's plan for after high school. All students with a transition services plan must have a goal for education/training (examples would include college, a trade school, on the job training, etc.) and an employment goal (examples would include the type of job a student wants after high school). It is appropriate to address independent living and community participation goals when the student is participating in the alternate assessment and when results from assessments indicate needs in these areas. Independent living addresses where the student plans to live after high school (for example, with parents, an apartment with roommates, a group home). Community participation addresses how the student will be active within their community after high school (for example, organizations, volunteering, teams, etc.).

The IEP team must indicate whether a student plans on enrolling in the OK Promise program to help the team determine which curriculum the student will participate in. OK Promise requires participation in College Prep/WorkReady. The IEP team will select which curriculum the student participates in.

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Course of Study: List the specific courses in grades 8-12 that the student will take, whether special education or general education, that directly support progress toward the postsecondary and annual goals.

| 8th | 9th | 10th | 11th | 12th |
|-----|-----|------|------|------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Transition Services and Coordinated Activities

| Transition Area | Transition Service/Coordinated Activity | Person Responsible | Agency Responsible | Anticipated Completion Date | Contingency? |
|--|---|--------------------|--------------------|-----------------------------|--|
| Education | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employment | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Independent Living | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Community Participation (if appropriate) | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

List and describe any accommodations necessary for Transition Services and Coordinated Activities:

Projected Date of Graduation/Program Completion: _____ Type: Standard Diploma General Educational Development (GED)

Vocational Education/Rehabilitation

| | |
|--|--|
| In planning the course of study, has information been provided regarding opportunities for vocational education (e.g. high school vocational education courses, school-based training, work study programs, technology education, area career technology center programs?) | Date(s) information was provided to young adult and parent(s): |
| | Person responsible for referral: Date: |
| By age 16, the young adult has been referred to the vocational rehabilitation counselor in the young adult's school district and the parent(s) and young adult were provided a copy. | Date(s) information was provided to young adult and parent(s): |
| | Person responsible for referral: Date: |

The course of study identifies the specific courses that a student will take to demonstrate progress toward postsecondary and annual goals. The names of the courses must be listed for the student's current and remaining years and updated annually as the student's plans change and evolve.

Transition services and coordinated activities that are required to support the student in meeting their annual transition goals should be documented for each transition area. This section also notes who is responsible for this service or coordinated activity, which agency is responsible and when the team anticipates the completion of the service or activity. Accommodations necessary for supporting a student to accomplish the individualized services should be documented.

The projected date of graduation is the month and year that the student will most likely complete their secondary education program. Oklahoma only has a standard high school diploma. A GED is not considered a regular high school diploma. Students enrolled in a GED program cannot also be enrolled in a public school and, therefore, are not eligible for special education and related services.

Information should be given to the student and parents about opportunities for vocational education and documented on the IEP. By the age of 16, the student should be referred to the vocational rehabilitation counselor with parent consent. Vocational rehabilitation is a state service designed to assist students with disabilities in gaining and maintaining a job after high school. The student and parents should be given a copy of the referral and encouraged to apply for services.

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Invitation to Meetings

| | |
|--|--|
| Was the student invited to the meeting? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Were members of outside agenc(ies) paying for or providing secondary transition services incited to attend the IEP meeting (if appropriate)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If outside agency representatives were invited, was parent consent obtained? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Transfer of Rights/Age of Majority

| | |
|---|---------------------------|
| By age 17, the young adult and parent(s) been informed of transfer of rights at age of majority? <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, explain why: _____ |
| Comments: _____ | |

Documentation is required in the transition services plan indicating that members who may have been an important voice at the meeting have been invited and that parents or guardians have given consent for an outside agency representative to attend, if and when appropriate. Students must be invited.

At age 18 the educational legal rights previously held by parents transfer to the student. Therefore, no later than the student's 17th birthday, the IEP team must inform the parents and the student that all special education rights will transfer to the student on their 18th birthday.

SERVICES AND SUPPLEMENTAL AIDS

| Special Education Services | | | | | | | | | | |
|--------------------------------|--------------|-----------------|----------------|------------|----------|--------------------------|--------------------------|----------------|----------|----------------|
| Specially Designed Instruction | Service Type | Number Sessions | Session Length | Start Date | End Date | ESY | Contingency | Provider Title | Location | Serving School |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |

All special education services that the student receives must be documented here. Services must be aligned to the student's needs, their present levels, and annual goals. The IEP team must list the type of specially designed instruction (i.e. reading fluency, speech language, etc.), type of service (i.e. direct instruction, , consultation, collaboration co-teaching, monitoring, etc.), the frequency of the service, the duration of the service (how many minutes), the service provider, the setting of the service (i.e. special education setting, general education setting), and the school providing the service.

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| Related Services | Service Type | Number Sessions | Session Length | Start Date | End Date | ESY | Contingency | Provider Title | Location | Serving School |
|------------------|--------------|-----------------|----------------|------------|----------|--------------------------|--------------------------|----------------|----------|----------------|
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Provide additional information, if necessary, to describe any services provided through Special Education- Virtual or Special Education- Distance that are not part of the contingency plan.

Physical Education Program: (Accommodations necessary for the child to participate in PE will be listed on the accommodations page under Physical Education)

Regular PE Adapted PE N/A

| | |
|---|---|
| Is this student's instructional week the same length as nondisabled peers? <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, describe below the reason(s) for a shortened school week: |
| If no, what is the total length of the student's instructional week? _____ Hours _____ Minutes | The concern described is due to: <input type="checkbox"/> Health/Medical <input type="checkbox"/> Behavioral <input type="checkbox"/> Other: _____ |
| Please describe the reintegration plan to increase the student's instructional week to the same length as nondisabled peers. | Date of the next team meeting to review progress towards plan: |

Like the services listed above, related services must also be aligned to the student's need(s), goals, and present levels. Related services include, but are not limited to, speech services, occupational therapy, physical therapy, and transportation.

The team must document whether the student will participate in regular PE or adaptive PE. If accommodations are needed to support the student in regular PE, this should be documented in the accommodations section of the IEP. If PE is not a requirement for the student's grade level, and the student does not select PE as an elective, check N/A.

The length of the student's school week must be listed here. If it is not the same length of day as nondisabled peers, then the team must explain why the student requires a shortened week and how they plan to work toward increasing the student's instructional week to be the same as nondisabled peers.

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ACCOMMODATIONS

PROGRAM PARTICIPATION

| Class/Activity | Accommodation(s) |
|----------------|------------------|
| | |
| | |
| | |
| | |
| | |

STATE/DISTRICT MANDATED TESTS

| State/District Assessment | Accommodation(s) |
|---------------------------|------------------|
| | |
| | |
| | |
| | |

Documentation of LRE Placement Considerations

The Continuum of Placements for the least restrictive environment (LRE) includes regular classes full-time, special classes part-time or full-time, public/private separate day school facility, public/private residential facility, home instruction/hospital environment, correctional facility, or parentally placed in private schools.

Provide an explanation below of the extent, if any, to which the child will not participate with nondisabled students in the general education curriculum or age appropriate activities:

Describe continuum of placements considered and reasons determined not appropriate:

Classroom accommodations should be listed in this section. These accommodations should be determined by the team to support the student in the general education setting. These accommodations should be aligned with the student needs listed in the IEP. For example, if reading fluency is a need for the student, then the team may determine that tests read aloud in math, science and history are necessary to ensure that knowledge is being assessed, rather than the student's reading level.

Any state or district testing accommodations should be documented in this section. The classroom and state testing accommodations should correspond or be similar so that alignment is evident.

LRE is the "Least Restrictive Environment." The goal is to have the student in the general education classroom to the maximum extent possible. So, the IEP documents how much time they spend outside of the general education classroom.

The continuum of placements ranges from full time in the general education setting to more restrictive environments. The IEP team must document where the student falls on this continuum and why the other placement options are not appropriate.

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Define below any supplementary aids and services, program modifications and/or supports for personnel in general education or other education-related settings no otherwise addressed as special education or related services:

When special classes, separate schools/facilities, or other removal from the general education environment occurs, describe how the nature and severity of the disability is such that education in the general education classes, with the use of supplementary aids and services, cannot be achieved satisfactorily:

Is this placement in the school where the student would normally attend if nondisabled? Yes No

If no, is the placement as close as possible to the student's home?

Amount of time in general education setting: _____ % of instructional day

| | |
|--|---|
| Extended School Year | |
| Date ESY program was/will be determined: | Date: _____ |
| The Team has determined the following in regards to the student's eligibility for Extended School Year services: | <input type="checkbox"/> ESY is required <input type="checkbox"/> ESY is not required |

| | |
|--|--|
| Contingency Plan | |
| This contingency plan may be put into effect upon site or district building closure, or may be initiated by the IEP team, including the parent, in the event of health/medical reasons, or other reasons. (if other, please specify). The school district will provide a written notice to parents at the time, noting the specific dates the contingency plan will be in effect. The Contingency Plan may need to be modified under some circumstances as determined by the IEP team. | |
| Describe how services will be provided: | |
| Describe how progress will be monitored: | |
| Describe how communication will take place between the school and the parent(s): | |
| Describe any other considerations (including supplementary aids and supports, accommodations, assistive technology, behavioral interventions, etc.): | |

Any additional supplementary aids, services, or supports needed for the student or personnel to help the student be successful, that are not otherwise listed in the IEP, should be listed here.

In this section, there should be an explanation for the student's need to spend time outside of the general education setting.

The IEP documents if the student attends their home school building/site, and if they are unable to attend their home school that they are in a placement as close as possible to the student's home. The percentage of time the student spends in the general education setting is also documented.

Annually, the team must determine if Extended School Year (ESY) is necessary to meet the student's need. ESY is a services provided for students who lose knowledge over breaks from school to support the retention of skills. .

In the event of a school or health emergency that result in a disruption of services, contingency plans can be written into the IEP to articulate the provision of special education and related services in light of those circumstances. This is an optional section of the IEP.

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TEAM PARTICIPANT SIGNATURES

The following individuals attended the IEP Team and participated in the development of this Individualized Education Program.

| Special Education Services | Team Participant Signatures | Date | Agree | Disagree |
|-------------------------------|-----------------------------|------|--------------------------|--------------------------|
| Parent/Guardian | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Special Education Teacher | | | <input type="checkbox"/> | <input type="checkbox"/> |
| General Education Teacher | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Administrative Representative | | | <input type="checkbox"/> | <input type="checkbox"/> |

***Team members who disagree may submit separate statements presenting their conclusions. (Complete Comment Form as necessary).**

If parent(s) did not attend the IEP meeting, explain other methods to ensure parent participation (and/or child as appropriate):
 (e.g., Conference call, videoconference, home visit)

INFORMED PARENTAL CONSENT

| | |
|---|---|
| Parent(s) received <i>Parents Rights in Education</i> : | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Parent(s) received <i>Notice of Procedural Safeguards</i> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Parent(s) received <i>Parent Survey</i> brochure. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Parent(s) of children with an auditory or visual impairment have received written information concerning the availability of programs at the Oklahoma School for the Deaf and/or the Oklahoma School for the Blind. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Parent(s) understand that if the IEP team selects an accommodation that is not an allowable accommodation on the SAT/ACT, it will result in the score being non-reportable to a college or university. |

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The IEP team always consists of at least the parent, special education teacher, general education teacher and the LEA representative, which may be the principal or other district or building administrator. Other service providers may be on the team, as well, depending on the student's needs. All attending team members must sign, date, and mark whether they agree or disagree. If a team member disagrees, they should be afforded the opportunity to provide their reasoning on an attached document. If the IEP meeting is held virtually, the signatures can be obtained virtually (i.e. a doc signing system, email confirmation of attendance, etc.) or document how the team participated.

If the parent does not attend, this must be noted in the IEP. If the parent is unable to attend the IEP meeting, the LEA must use and document the other methods used to ensure parent participation (i.e. phone call, virtual meeting, home visit, etc.). All communication attempts should be documented in the contact log.

At each meeting, parents must be offered a new copy of their Notice of Procedural Safeguards, a parent survey, information about the Oklahoma School for the Deaf or Blind, if appropriate, and the OAAP brochure, if appropriate. There is also documentation of the parent's understanding of a contingency plan and when it goes into effect, if the IEP team chose to develop one. Translation need is also documented in this section.

INDIVIDUALIZED EDUCATION PROGRAM DESCRIPTION

SPECIAL EDUCATION - GUIDANCE BRIEF

Name of Student: _____ OK IEP

State Testing Number (STN): _____ From: _____ To: _____

| | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | If student is participating in the Oklahoma Alternate Assessment Program (OAAP), parent(s) have received the OAAP Parent Brochure describing the alternate academic achievement standards and the Oklahoma Alternate Assessment Program. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Parent(s) have participated in the development of the Contingency Plan in place for the student and understand under what circumstances it will go into effect. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Translation/Interpretation needed. |

Parent Initial: _____

A parent or guardian's initials are required to confirm that they have received all necessary information and agree that everything is noted correctly in the informed parental consent section.

Parent Consent for initial placement (consent is voluntary and may be revoked at any time): Yes No N/A

Parent Signature: _____ Date: _____

At the student's initial IEP meeting, the parent must sign to document that they understand they are consenting to services for their child and that the parent can choose to revoke, or stop, those services at any time.

ADDITIONAL MEETING ATTENDEES

| Signature | Printed Name | Date | Purpose |
|-----------|--------------|------|---------|
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Anyone who attends the IEP and was not listed in the prior section must sign and print their name, date and document the purpose of their attendance (i.e. grandparent, student teacher, parent advocate, etc.).

The contents of this handout were developed under a grant from the U.S. Department of Education. However, the content does not necessarily represent the policy of the U.S. Department of Education, and you should not assume endorsement by the federal government.