

_____	_____	_____	_____
Legal Name of Student	State Student ID (SASID)	Date of Birth	Date

_____	_____	_____	_____
Local Student ID (LASID)	Administrative Unit Name	AU Address	AU Phone Number

TYPE OF MEETING		DATES OF MEETINGS
<b>Eligibility</b>  <input type="checkbox"/> Initial Eligibility Meeting  <input type="checkbox"/> Reevaluation  Date Initial Consent for Services: _____	<b>Individualized Education Program</b>  <input type="checkbox"/> Initial IEP  <input type="checkbox"/> IEP Review  <input type="checkbox"/> Amendment to IEP Dated: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A (Student Did not qualify)	Date of next eligibility meeting ( <i>on or before</i> ) _____ <div style="text-align: right;">Date</div> Date of next IEP review meeting ( <i>on or before</i> ) _____ <div style="text-align: right;">Date</div> Date of initial consent for evaluation _____ <div style="text-align: right;">Date</div> Date initial evaluation completed _____ <div style="text-align: right;">Date</div> Date of initial eligibility determination _____ <div style="text-align: right;">Date</div>

STUDENT AND FAMILY INFORMATION		
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District of Residence	Prior to Meeting	After Meeting	Grade: _____ Age: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home School	_____	_____	Ethnicity: <input type="checkbox"/> Hispanic / Latino
School of Attendance	_____	_____	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian
Unit/Facility of Attendance (if out of district)	_____	_____	<input type="checkbox"/> Black or African American <input type="checkbox"/> White
Primary Disability, if any	_____	_____	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Secondary Disabilities, if any (optional)	_____	_____	<input type="checkbox"/> Two or more races
Primary Educational Environment	_____	_____	Primary Language Spoken in the Home _____
Is there an Educational Surrogate Parent (ESP)? Yes <input type="checkbox"/> No <input type="checkbox"/>			Student's Primary Language _____
Student's Parent/ Guardian(s)/ESP _____			Does the student have Limited English Proficiency <input type="checkbox"/> Yes <input type="checkbox"/> No
Address _____			ACCESS Scores: _____ Alternate ACCESS Scores: _____
City/State/Zip _____			_____
Telephone Number	(Home) _____	(Cell) _____	(Home) _____
Email	_____	_____	(Cell) _____
_____			(Work) _____
_____			_____



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## PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (PLAAAFP) INCLUDING INPUT FROM PARENT & STUDENT

### Student Strengths, Preferences, Interests

What are the student's educational/developmental strengths, interest areas, significant personal attributes and personal accomplishments as indicated by formal or informal assessment? Be sure to include specific feedback from the student.

IDEA 300.324(a)(i) strengths of the child

IDEA 300.321(b)(2) preferences and interests

IDEA 300.43(a)(2) secondary transition

### Present Levels of Educational Performance Summary

Include results of initial or most recent evaluation, including, if appropriate, the results of any interventions, progress monitoring and gap analyses.

IDEA 300.320(a)(1) present levels of academic achievement and functional performance

IDEA 300.324(a)(iii) Results of initial or most recent evaluation

### Describe the age appropriate transition assessment process used to develop the post-school goals ECEA 4.03(6)(d)(ii)

This section is to be completed for each IEP, starting when the student is 15 (or earlier if appropriate), but not later than the end of 9<sup>th</sup> grade, and updated annually.

### Student Needs and Impact of Disability

How does the student's disability affect his/her involvement and progress in the general curriculum and participation in appropriate activities?

For students of transition age, how does the student's disability affect his/her attainment of the postsecondary goals?

IDEA 300.324(a)(ii) concerns of parent

IDEA 300.320(a)(1)(i) How the child's disability affects the child's involvement and progress—in the general curriculum and participation in appropriate activities

### Parent / Student Input

IDEA 300.324(a)(1)(ii) concerns of parent

### Measurable Post-School Goals

This section to be completed for each IEP, starting when the student is 15 (or earlier if appropriate), but not later than the end of 9<sup>th</sup> grade, and updated annually. ECEA 4.03(6)(d)

Measurable post-school goals must be based on current age-appropriate transition assessments.

Education/Training Goal:

Employment Goal:

Independent Living Skills Goal (when appropriate):

Legal Name of Student

State Student ID (SASID)

Date of Birth

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### CONSIDERATION OF SPECIAL FACTORS

A. Does this student exhibit behavior that requires a Behavior Intervention Plan?

Yes  No

*If yes, complete a Behavior Intervention Plan.*

**IDEA 300.324(a)(2)(i)**

B. Is the student blind or visually impaired?

Yes  No

*If yes, complete the Learning Media Plan. ECEA 4.03(6)(b)*

**IDEA 300.324(a)(2)(iii)**

C. Is the student deaf or hard of hearing?

Yes  No

*If yes, complete the Communication Plan. ECEA 4.03(6)(a)*

**IDEA 300.324(a)(2)(iv)**

D. Is the student deaf-blind?

Yes  No

*If yes, complete the Learning Media & Communication Plan. ECEA 4.03*

**IDEA 300.324(a)(2)(iii) and 300.324(a)(2)(iv)**

E. Does the student have unique communication needs?

Yes  No

**IDEA 300.324(a)(2)(iv)**

F. Does the student have Limited English Proficiency?

Yes  No

*If yes, specify how this will be addressed:*

**IDEA 300.324(a)(2)(ii)**

G. Does the student need Assistive Technology devices or services?

Yes  No

*If yes, specify:*

**IDEA 300.324(a)(2)(v)**

H. Does the student require Special Transportation?

Yes  No

*If yes, specify:*

**IDEA 300.34(a)(16)**

I. Does the student require a Health Care Plan?

Yes  No

*If yes, indicate location of Plan.*

Legal Name of Student \_\_\_\_\_

State Student ID (SASID) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date \_\_\_\_\_

### POSTSECONDARY TRANSITION PLAN

This section to be completed for each IEP, starting when the student is 15 (or earlier if appropriate), but not later than the end of 9<sup>th</sup> grade, and updated annually. **ECEA 4.03(6)(d)**

Projected date of graduation/program completion: \_\_\_\_\_ **IDEA 300.102(a)(3)(i)-(iii) limitation to FAPE**

Projected type of completion document \_\_\_\_\_

#### Measurable Post-School Goals (from Section 6: Measurable Post-School Goals): **ECEA 4.03 (6)(d)(ii)**

This section to be completed for each IEP, starting when the student is 15 (or earlier if appropriate), but not later than the end of 9<sup>th</sup> grade, and updated annually. **ECEA 4.03(6)(d)**

Measurable post-school goals must be based on current age-appropriate transition assessments.

Education/Training Goal:

Employment Goal:

Independent Living Skills Goal (when appropriate):

#### Planned Course of Study: **ECEA 4.03(6)(d)(iii)**

The class schedule must be multi-year (through exit), specific and individualized, and directly linked to the postsecondary goals. The planned course of study must address all post-school areas that are identified for the student.

#### Transition Services and Activities **ECEA 4.03(6)(d)(iii)**

Describe the activities provided by the adults in the school and in the community that will enable and promote the student's progress toward meeting annual and postsecondary goals.

Include special education, general education, related services, services from other agencies, and services provided by families, as appropriate for student's needs. Transition services must be specific and individualized and must state what the adults will provide.

Education/Instruction and Related Services: **ECEA 4.03 (6)(d)(ii); ECEA 2.51(1)(b)**

Career/Employment and other Post-School Adult Living Objectives **ECEA 4.03(6)(d)(ii); ECEA 2.51(1)(b)**

Community Experiences **ECEA 4.03 (6)(d)(ii); ECEA 2.51(1)(b)**

If appropriate, Daily Living Skills and/or Functional Vocational Evaluation **ECEA 4.03 (6)(d)(ii); ECEA 2.51(1)(b)**

#### Agency Linkages

What agency linkages, if any, have been made? Written parental consent must be obtained prior to inviting any agency or organization that is likely to be responsible for providing or paying for transition services.

If the student will turn 20 during the course of this IEP period, student and parent(s) have been informed of the transfer of rights at the age of majority (21).

Yes  No  N/A **IDEA 300.320(c) Transfer of rights at age of majority.**

**NOTE:** Graduation with a regular diploma will permanently end entitlement to a free and appropriate public education (FAPE) under the federal Individuals with Disabilities Education Act and the Colorado's Rules for the Administration of the Exceptional Children's Educational Act. Therefore, after graduation this student will no longer be entitled to receive special education and related services from a school district or other local education agency. At the end of the regular school-year semester in which the student turns 21, s/he would no longer be eligible for special education services.

_____	_____	_____	_____
Legal Name of Student	State Student ID (SASID)	Date of Birth	Date

**ANNUAL GOALS (OBJECTIVES, IF REQUIRED) IDEA 300.320(a)(2)(i)**

For transition IEPs, annual goals MUST link directly to postsecondary goals.

Extended School Year Goal

Area of Need:

Measurable Goal: <b>IDEA 300.320(a)(2)(i)</b>	Unit of Measurement: <b>IDEA 300.320(a)(3)(i)</b>
Objective (if needed): <b>IDEA 300.320(a)(2)(B)(ii)</b>	

Related Colorado Academic Standard/Extended Evidence Outcomes:	Baseline Data Point:
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Evaluation Method:  Monitor and Chart Progress  Focused Assessments  Portfolio Collection  Other: \_\_\_\_\_ **IDEA 300.320(a)(3)(i)**

Progress Report (Describe how parents will be informed of the student's progress toward goals and how frequently this will occur) **IDEA 300.320(a)(3)(iii)**

Reporting Date: ___/___/___	Reporting Date: ___/___/___	Reporting Date: ___/___/___	Reporting Date: ___/___/___
Progress: ____	Progress: ____	Progress: ____	Progress: ____
Supporting Data Point:	Supporting Data Point:	Supporting Data Point:	Supporting Data Point:

For transition IEPs, annual goals MUST link directly to postsecondary goals.

Extended School Year Goal

Area of Need:

Measurable Goal: <b>IDEA 300.320(a)(2)(i)</b>	Unit of Measurement: <b>IDEA 300.320(a)(3)(i)</b>
Objective (if needed): <b>IDEA 300.320(a)(2)(B)(ii)</b>	

Related Colorado Academic Standard/Extended Evidence Outcomes:	Baseline Data Point:
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Evaluation Method:  Monitor and Chart Progress  Focused Assessments  Portfolio Collection  Other: \_\_\_\_\_ **IDEA 300.320(a)(3)(i)**

Reporting Date: ___/___/___	Reporting Date: ___/___/___	Reporting Date: ___/___/___	Reporting Date: ___/___/___
Progress: ____	Progress: ____	Progress: ____	Progress: ____
Supporting Data Point:	Supporting Data Point:	Supporting Data Point:	Supporting Data Point:

Progress Reporting Key: 4) Goal met 3) Progress made, goal to be met on time 2) Insufficient progress made, goal not to be met on time 1) Student did not work on this goal.  
 Attach additional supporting charts/ graphs if available

Legal Name of Student \_\_\_\_\_

State Student ID (SASID) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date \_\_\_\_\_

## ACCOMMODATIONS & MODIFICATIONS

### Accommodations

What type(s) of accommodation(s) *if any* is (are) necessary for the student to access the general curriculum and/or appropriate activities to make effective progress?

IDEA 300.320(a)(4)(i)-(iii)

IDEA 300.320(a)(6)(i)

### Modifications

What modifications to the general education curriculum, if any, need to be made to enable the child to be involved in and make progress in the general education curriculum?

IDEA 300.320(a)(4)(ii)

## EXTENDED SCHOOL YEAR DETERMINATION **IDEA 300.106**

**NOTE:** Complete the *ESY Data Documentation*, using the information and guidelines in the *Extended School Year Guidance Manual*, and maintain in the student's special education record.

### Criteria/Inquiry:

Did the student experience severe regression on his/her IEP goals and objectives?

Yes  No  No Information

Did the student require an unreasonably long period of time to relearn previously learned skills?

Yes  No  No Information

Do predictive factors indicate the need for ESY services?

Yes  No

### Decision: Is the student eligible for Extended School Year Services?

Yes  No  To be determined by: \_\_\_\_\_

*If yes, attach documentation for each question and record services on service summary in Section 13.*

*Identify which goals will be worked on during the Extended School Year Below:*

Legal Name of Student \_\_\_\_\_

State Student ID (SASID) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date \_\_\_\_\_

### STATE/DISTRICT ASSESSMENTS:

#### District Assessments:

Check whether the student will participate in the District Assessment administered at the child/student's grade level.

	Regular	Not Assessed at This Grade Level
English Language Arts	<input type="checkbox"/>	<input type="checkbox"/>
Math	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>
Social Studies	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

List district assessment accommodations: **IDEA 300.320(a)(6)(i)**

- Check if the student meets participation requirements to receive instruction based on alternate academic achievement standards (Extended Evidence Outcomes) and will participate in the district alternate assessment.

If the student is eligible for the district alternate assessment, provide justification: **IDEA 300.320(a)(6)(ii)(A) and (B)**

#### State Assessments

Check whether the student will participate in the Colorado state assessment or the Colorado alternate assessment for each content area(s) administered at the child/student's grade level.

	Regular	Not Assessed at This Grade Level
English Language Arts	<input type="checkbox"/>	<input type="checkbox"/>
Math	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>
Social Studies	<input type="checkbox"/>	<input type="checkbox"/>
ACT	<input type="checkbox"/>	<input type="checkbox"/>

List all accessibility features and/or accommodations to be used in the Colorado state assessment administration: **IDEA 300.320(a)(6)(i)**

Refer to assessment guidance documents for allowable accommodations per content area. NOTE: Allowable accommodations may change within the IEP period.

- Check if the IEP team concurs that the student meets participation requirements to receive instruction based on alternate academic achievement standards (EEOs) and will participate in the state alternate assessment, including the ACT alternate for 11<sup>th</sup> grade

If the student will be participating in the Colorado Alternate Assessment provide justification: **IDEA 300.320(a)(6)(ii)(A) and (B)**

List any Accommodations for the Colorado alternate assessment:

Describe Unique Accommodations, pending approval by the CDE Assessment Office:

\_\_\_\_\_

Legal Name of Student \_\_\_\_\_ State Student ID (SASID) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

If the IEP Team has determined that the student qualifies for alternate assessments, parents have been informed about the differences between regular and the alternate assessments (both state and district) and the effects of these, if any (including that, for students taking alternate assessments, achievement will be measured based on alternate achievement standards). **IDEA 300.160(d)(e)**

**SERVICE DELIVERY STATEMENT**

Statement of types and anticipated location of all special education services to be provided to and on behalf of the student. If the student was found eligible for ESY services, be sure to include a description of those services here. For transition aged students, special education and related services must link to the postsecondary goals in the transition services section.

**IDEA 300.320(a)(4) and (7)**

**SPECIAL EDUCATION AND RELATED SERVICES IN THE LEAST RESTRICTIVE ENVIRONMENT**

Specialized Instruction Area and/or Related Services <b>IDEA 300.320(a)(4)</b>	Service Provider <b>Fully qualified staff</b> <b>IDEA 300.18 &amp; ECEA 3.04</b>	Start Date <b>IDEA</b> <b>300.320(a)(7)</b>	End Date <b>IDEA</b> <b>300.320(a)(7)</b>	Frequency of Special Education/Related Services-- Direct Use ONE column only per identified service			Frequency of Special Education/Related Services-- Indirect Including Case Management Use ONE column only per identified service		
				Per Day	Per Week	Per Month	Per Day	Per Week	Per Month
				<b>IDEA</b> <b>300.320(a)(7)</b>	<b>IDEA</b> <b>300.320(a)(7)</b>	<b>IDEA</b> <b>300.320(a)(7)</b>	<b>IDEA</b> <b>300.320(a)(7)</b>	<b>IDEA</b> <b>300.320(a)(7)</b>	<b>IDEA</b> <b>300.320(a)(7)</b>
Total Amount of Time:				_____ HPD	_____ HPW	_____ HPM	_____ HPD	_____ HPW	_____ HPM

**RECOMMENDED PLACEMENT IN THE LEAST RESTRICTIVE ENVIRONMENT (SPECIAL EDUCATION SETTING) **IDEA 300.320(a)(5)****

To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children without disabilities; and special classes, separate schooling or other removal of children with disabilities from the regular education 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.

Placement Options Considered	Selected:	Discussion must address each of the following for all placement options:	Below, summarize discussions regarding placement option(s)
1. _____	1. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Possible advantages for the student <input type="checkbox"/> Possible disadvantages or potential harmful effects on the student or on the quality of services needed <input type="checkbox"/> Modifications/supplementary aids & services considered to reduce possible disadvantage to the student	
2. _____	2. <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. _____	3. <input type="checkbox"/> Yes <input type="checkbox"/> No		

**GENERAL EDUCATION PRESCHOOL SERVICES**

Description	Hours Per Week
<input type="checkbox"/> Integrated Education Program	
<input type="checkbox"/> Other: _____	

_____	_____	_____	_____
Legal Name of Student	State Student ID (SASID)	Date of Birth	Date

**EDUCATIONAL ENVIRONMENT**

**Selected**    **Ages 3 through 5 (age as of the Dec. 1 that follows the date of the IEP)**

Attending a regular early childhood program at least 10 hours per week AND receiving the majority of hours of special education and related services in the regular early childhood program.

Attending a regular early childhood program at least 10 hours per week AND receiving the majority of hours of special education and related services in some other location.

Attending a regular early childhood program less than 10 hours per week AND receiving the majority of hours of special education and related services in the regular early childhood program.

Attending a regular early childhood program less than 10 hours per week AND receiving the majority of hours of special education and related services in some other location.

Separate class

Separate school

Residential facility

Home

Service Provider Location

**Selected**    **Ages 6 to 21 (age as of the Dec. 1 that follows the date of the IEP)**

General education class at least 80% of the time

General education class 40% to 79% of the time

General education class less than 40% of the time

Separate school

Residential facility

Homebound/hospital

Correctional facilities (including short-term detention)

**PRIOR WRITTEN NOTICE IDEA 300.503**

The IEP includes services to be provided to assist your child to make progress. The Present Level of Academic Achievement and Functional Performance in Section 6 includes information about the data used as a basis for the decisions recorded in the IEP.

Other options considered and the reason(s) each option was rejected:

  
  

Other factors:

  
  

**Case Manager:**

_____	_____	_____	_____
Name	Title	Phone	Date

Parents of a child with a disability have protection under the procedural safeguards. For a copy of the procedural safeguards or assistance in understanding this information, please contact the person named above. IDEA 300.503(b)(4)

A copy of the IEP has been provided to the parent(s). IDEA 300.322(f)