

**SECONDARY
INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Student Name: _____ Date: _____
Student State ID #: _____ DOB: _____ Age: _____
Grade: _____ Gender: M F Ethnicity: _____
Parent(s)/Guardian(s): _____
Address: _____
Home Phone: _____ Work/Message Phone: _____
School: _____ School Phone: _____
School Address: _____

★ For initial IEPs only:

Date parent(s) signed consent form: _____
Date evaluation completed: _____
Initial eligibility determination date: _____

★ Most Recent Evaluation Date: _____ Next Evaluation Due: _____
IEP Meeting Purpose: _____ Next Annual IEP Date: _____

Based on assessment and evaluation information and the IEP Team determination of eligibility:

★ The **primary** disability is:

- Autism Deaf-Blindness Intellectual Disability Emotional Disturbance
 Hearing Impairment Deafness Multiple Disabilities Orthopedic Impairment
 Other Health Impairment Specific Learning Disability: ___ Dyslexia
 Speech or Language Impairment Traumatic Brain Injury Visual Impairment/Blindness
 Exceptionality: Gifted Speech Only

★ The **secondary** disability is:

- Autism Deaf-Blindness Intellectual Disability Emotional Disturbance
 Hearing Impairment Deafness Multiple Disabilities Orthopedic Impairment
 Other Health Impairment Specific Learning Disability: ___ Dyslexia
 Speech or Language Impairment Traumatic Brain Injury Visual Impairment/Blindness
 Exceptionality: Gifted

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STUDENT PROFILE

What do the parent and student envision as the student's future?

Student/Family Vision Statement: _____

Employment: _____

Community Participation: _____

Recreation & Leisure: _____

Post-Secondary Training & Learning: _____

Daily/Independent Living: _____

Note: Completion of this section requires the IEP team to consider and describe the student's academic and functional strengths and concerns as identified by the parent, student, teachers, related service staff, and other team members. The IEP team must consider additional results from state and district-wide assessments, transition assessments, initial and most recent psychological educational evaluations, evaluations provided by the district, parents or guardians, and any extracurricular and non-academic areas that may be affected.

Domain	Information Provider	Strengths	Concerns / Recommendations
Academic: -State and district assessments -Language assessments			
Recreation & Leisure: (extra-curricular and non-academic)			
Community Participation:			

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Domain	Information Provider	Strengths	Concerns / Recommendations
Jobs and Job Training: Transition assessments			
Post-Secondary Training or Learning: Transition assessments			
Independent Living: Transition Assessments (if applicable)			
Other Areas: -Health considerations -Attendance -Observations			
Additional information considered by the IEP team: -Evaluations provided by parent(s) or guardian(s) -Psychological Educational Evaluations and Eligibility Determinations			

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CONSIDERATION OF SPECIAL FACTORS

☆ Is the student visually impaired (including blindness)? YES NO

If YES, is: Instruction in Braille needed Use of Braille needed Both

Does the student have special oral and/or written communication needs? YES NO

(If YES) Describe the needs and planned services that address the needs:

☆ Is the student deaf or hard of hearing? YES NO

(If YES) complete the Addendum for Students who are Deaf or Hard of Hearing Communication Considerations form. The form is available at <http://www.ped.state.nm.us/seo/>

☆ Does the student have limited English proficiency? YES NO

If YES, describe the relationship of language needs and planned services: _____

Does the student have assistive technology needs? YES NO

If YES, describe devices and/or services required: _____

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DISCIPLINE

Does the student exhibit behaviors that impede his or her learning or that of others? YES NO

If **YES**, the IEP team must consider the following questions, then decide which discipline strategy is most appropriate for the student.

1. Are positive behavioral interventions, strategies, and accommodations included in the IEP?
 YES NO
2. Are behavioral goals (with short-term objectives or benchmarks) when appropriate, included in the IEP? YES NO
3. Does a Functional Behavioral Assessment (FBA) need to be conducted?
 YES NO

If **YES** to FBA, responsibility assigned to: _____

Which of the following discipline provisions is most appropriate for this student?

Check only one

- The student will follow the school-wide discipline plan.
- The student requires the modifications described in this IEP under Annual Goals and/or Instructional Accommodations.
- The student requires a Behavioral Intervention Plan. (Attach BIP to this IEP)

In regards to the BIP and/or FBA, who will inform administrators and teachers? _____

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PRESENT LEVELS OF ACADEMIC ACHIEVEMENT

Please document the student's present levels of academic achievement for areas of identified need (e.g., reading, written language, mathematics, transition). This information is not for transition planning. Specify each instrument or source and report the results.

Identified Area of Need: _____	Student/Parent Input

Identified Area of Need: _____	Student/Parent Input

Identified Area of Need: _____	Student/Parent Input

Identified Area of Need: _____	Student/Parent Input

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PRESENT LEVELS OF FUNCTIONAL PERFORMANCE

Please document the student's present levels of functional performance for identified areas of need (eg., social/emotional, behavior, life skills, energy level, sustained attention, memory function, impulse, processing speed, and motor skills).

Identified Area of Need: _____	Student/Parent Input

Identified Area of Need: _____	Student/Parent Input

Identified Area of Need: _____	Student/Parent Input

Identified Area of Need: _____	Student/Parent Input

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EXTENDED SCHOOL YEAR (ESY)

Does the student exhibit severe or substantial regression that is not recoupable within a reasonable period in one or more of the critical areas addressed in the annual measurable goals?

(In addition to regression/recoupment, consider the following factors: severity of the disability, behavioral skills, critical learning period, learned material, potential for generalization and maintenance, emerging skills that are at risk for loss, medical conditions and family circumstances.)

YES NO

(REQUIRED): If YES, attach documentation to the **ESY ADDENDUM** that demonstrates the substantial regression and recoupment periods

PARTICIPATION IN STATE MANDATED ASSESSMENTS

Special Education Standardized—No Accommodations

Special Education—Allowable Accommodations

Specify the necessary accommodations: _____

This list of allowable accommodations can be found at <http://www.ped.state.nm.us/seb>

Alternate Assessment — Attach **ALTERNATE ASSESSMENT ADDENDUM** and supporting documents

PARTICIPATION IN DISTRICT-WIDE ASSESSMENTS

Standardized—No Accommodations

Special Education—Allowable Accommodations

Specify the necessary accommodations: _____

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MEASURABLE POST-SECONDARY GOALS

(Required by age 14 or sooner if needed)

Measurable post-secondary goals describe what the student will do after exiting high school. These goals will address the following specific areas: education/training, employment and independent living (the latter if appropriate).

Measurable Post-Secondary Goal(s) for Education/Training:

Transition Assessment(s) used to identify goal:

-
-

Measurable Post-Secondary Goal(s) for Employment:

Transition Assessment(s) used to identify goal:

-
-

Measurable Post-Secondary Goal(s) for Independent Living (If Appropriate):

Transition Assessment(s) used to identify goal:

-
-

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★GRADUATION OPTIONS

The student's planned course of study meets the requirements for:

Standard Option Modified Option Ability Option

For the Modified Option:

Explain why the Standard Option was rejected: _____

Note: The team is responsible for documenting progress on achieving the Employability and Career Development Standards with Benchmarks and Performance Standards on the IEP goals/objectives pages.

For the Ability Options:

Explain why the Standard and Modified Option were rejected: _____

For all Graduation Options:

Projected date of graduation: _____

Is the student on target with graduation requirements? YES NO

If NO, what are the concerns? (Required credits, graduation exam, attendance, behavior concerns, need for academic support) _____

What is the plan for addressing these concerns? _____

Services for Gifted Students Only: Describe diverse learning opportunities, alternative coursework, and flexible instructional arrangements unique to the student's capabilities.

Has student taken and passed the NM High School Competency Exam (NMHSCE – ends after 2013-14) or Standards Based Assessment (SBA)/High School Graduation Assessment (HSGA)?

YES NO

If NO, what is the plan of action _____

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Identify the scores for each subtest. If the student has taken the exit exam, and is on the Modified or Ability Option, indicate the targeted proficiency level.

Subtest	Date test taken	Scores	Proficiency Level	Passed
Science				
Social Studies				
Math				
Reading				
Language Arts				
Written Composition (Standard Option: 3.0)				

- Students on Standard Option must meet the 175 NMHSCE cut score or the State's cut score of 2272.5 on the SBA/HSGA
- A Proficiency Level must be determined by the IEP team for all students on Career Readiness or Ability Options

Does the student need to retake any subtest(s) of the Standards Based Assessment (SBA)/ High School Graduation Assessment (HSGA)? If **YES**, identify the subtest(s).

If the student is on the Modified or Ability Option, what additional information did the IEP team use to determine the targeted proficiency levels? _____

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★ COURSE OF STUDY

Course of Study (required by **14 years of age**, or sooner if appropriate). IEP team must document all courses and other educational experiences that will help the student reach her/his measurable post- secondary goals.

School Year	Year	Proposed Courses Selected for High School Program (Including elective classes, work study, independent study)
	Yr. 1	
	Yr. 2	
	Yr. 3	
	Yr. 4	
Ages 18-21 Specify planned activities by each projected year		

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INSTRUCTIONAL ACCOMMODATIONS AND/OR MODIFICATIONS

The IEP team has determined that the identified accommodations and/or modifications are appropriate in the following areas: _____

*Please, be specific about the required accommodations and/or modifications.

Environment: _____

Instructional Material: _____

Assignments/Homework: _____

Testing: (in classroom) _____

Behavior Supports: _____

Instructional Presentation Mode: _____

Instructional Strategies: _____

Student Response Mode: _____

Other: _____

Grades will be determined by: _____

Grades will be based on: _____

In case of a failing grade: _____

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ANNUAL MEASURABLE GOALS IN IDENTIFIED AREAS OF NEED ACADEMIC ACHIEVEMENT

The measurable annual goals must align with the student's needs and reflect how they **must** support the student's post-secondary goals.

IDENTIFIED AREA OF NEED: Math Reading Written Language
 Behavior Problem Solving Processing Skills Communication Skills

Reference from New Mexico's Content Standards with Benchmarks (2012-13) or Common Core State Standards (starting 2013-14) with Benchmarks and Expanded Grade Band Expectations (EGBE): _____

ANNUAL GOAL: (direction of change, the behavior, present level, ending level and timeframe for achieving the goal)

Date Initiated _____

Objectives are not required in accordance with 34 CFR §300.320, with one exception: students with disabilities who take alternate assessments aligned to alternate academic achievement standards or the EGBE.

<input type="checkbox"/> OBJECTIVE <i>or</i> <input type="checkbox"/> BENCHMARK: _____ _____ <input type="checkbox"/> if Transition Activity <input type="checkbox"/>
Criteria for Mastery: _____
Anticipated Date of Mastery: _____ Position/Agency Responsible: _____
Methods of Measurement: _____
Progress Documentation: (Note date and progress for each progress period) _____ _____ _____ _____

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ANNUAL MEASURABLE GOALS IN IDENTIFIED AREAS OF NEED FUNCTIONAL PERFORMANCE

The measurable annual goals must align with the student's needs and reflect how they **must** support the student's post-secondary goals.

- IDENTIFIED AREA OF NEED:** Social/Emotional Life Skills Energy Level
 Sustained Attention Memory Function Impulse Processing Speed
 Motor Skills

Reference from New Mexico's Content Standards with Benchmarks (2012-13) or Common Core State Standards (starting 2013-14) with Benchmarks and Expanded Grade Band Expectations (EGBE): _____

ANNUAL GOAL: (direction of change, the behavior, present level, ending level and timeframe for achieving the goal)

Date Initiated _____

Objectives are not required in accordance with 34 CFR §300.320, with one exception: students with disabilities who take alternate assessments aligned to alternate academic achievement standards or the EGBE.

OBJECTIVE *or* BENCHMARK : _____

✓ if Transition Activity

Criteria for Mastery: _____

Anticipated Date of Mastery: _____ Position/Agency Responsible: _____

Methods of Measurement: _____

Progress Documentation: (Note date and progress for each progress period) _____

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TRANSITION SERVICES/INTERAGENCY LINKAGES

The IEP team must include activities/strategies designed to assist the student in reaching his/her measurable post-secondary and annual goals.

Student Needs	Activities/Strategies	Person/Agency Responsible	Timeframe	Date of Completion for each activity
Instruction: (Career Development Activities)				
Related Services: (Transference of skills into other settings)				
Community Experiences: *field trips, business partners				
Employment/ Post-Secondary:				
Independent/ Daily Living Skills: (if appropriate)				
Functional Vocational Assessments: (if appropriate)				

Does the student need involvement from any additional outside agencies to complete a successful transition?

YES NO

If YES, list the agencies to contact _____

If NO, explain _____

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MEDICAL/SIGNIFICANT HEALTH INFORMATION

MEDICATION: _____

SIGNIFICANT HEALTH INFORMATION: _____

Does the student require an individualized health plan or school health services as a related service?

☆ YES NO:

If YES, attach the **health plan** to the IEP and/or indicate on the *Schedule of Services*.

Does the student require an emergency evacuation plan? YES NO

If YES, attach the **emergency evacuation plan**, including the person(s) responsible to the IEP.

Physical Education: Regular Regular, with accommodations Adapted

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MOBILITY

Does the student require assistance to move in and around the school?

YES NO:

If YES, describe the assistance to be provided: _____

TRANSPORTATION ☆

Does the student require transportation as a related service?

YES NO:

If YES, what accommodations and supports are required in order for the student to be transported with typically developing peers in the Least Restrictive Environment (LRE)? _____

Does the student require any of the following:

▪ Wheelchair lift: YES NO

▪ Security device(s) such as harnesses, tethers, braces, brackets, restraints, seatbelts, vests:

YES NO

If YES, please describe the security device(s) the student requires:

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SCHEDULE OF SERVICES

If this IEP spans between two school years, please complete this page twice, separating the services to be delivered in each school year.

Activities with typically developing peers	Regular Education Services
<input type="checkbox"/> Lunch/Breakfast <input type="checkbox"/> Library <input type="checkbox"/> Computer Lab <input type="checkbox"/> Assemblies <input type="checkbox"/> Electives <input type="checkbox"/> Extracurricular activities <input type="checkbox"/> Other _____	<p style="text-align: center;">Accommodations Needed</p> <input type="checkbox"/> Subject: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Subject: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Subject: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Subject: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Subject: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Subject: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO

★ Special Education & Related Services	Minutes per Day/Week/ Month/ Semester /Year	Start Date	Ending Date	Service Provider (s)	Location	
					Time in Regular Setting	Time in Special Education Setting
Time Totals						

Supplementary Aids and Services	Minutes per Day/Week/ Month/ Semester /Year	Start Date	Ending Date	Service Provider (s)	Location	
					Time in Regular Setting	Time in Special Education Setting
Time Totals						

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★LEVEL OF SERVICE

X = The total number of hours per week of special education service _____

Y = The total number of hours in a typical school week, (excluding lunch and recess) _____

Level of service = **X** divided by **Y** (express as percent) _____

Example: X = 6 hrs./wk Y = 30 hrs./wk. 6 divided by 30 = .2 (20%) = Level 2 (moderate)

10% or less of school day (Level 1-minimum)

11% - 49% of the school day (Level 2-moderate)

50%-or more of the school day (Level 3-
extensive)

approaching a full school day (Level 4-maximum)

LEAST RESTRICTIVE ENVIRONMENT (LRE)

(This statement should provide the rationale for removal from general education.)

Decisions regarding placement are based on the individual needs of students and must begin with the consideration of the general education setting. The purpose of this section is to document the rationale with respect to each academic or functional area that is necessary to educate the student in the general education setting.

If the student will be included in the general education setting for more than 80% of the time, *no rationale is required*. Items 1 through 3 of this section of the IEP need not be completed or included in the student's IEP.

If the student will not be included in the general education setting for more than 80% of the time, complete items 1 through 3 below **(REQUIRED)**:

1. Explain why supplementary aids and services are not adequate to meet the student's needs in the general education class [34 CFR §300.320 (a)(4), and 34 CFR §300.114 (a)(2)(ii)]:

2. Explain how placement in a special education setting will be more advantageous in meeting student's needs [34 CFR §300.320 (a)(4)(iii)]:

3. Explain why placement in a general education setting is reduced or limited and what is being done to reintegrate the student back to a general education setting [34 CFR §300.320 (a)(5)]:

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★SETTING

a = Total number of hours per week in Special Education setting _____

b = Total number of hours in a typical week (excluding, lunch and recess) _____

Setting = **a** divided by **b** (express as a percent) _____

Example: 1) 2 hrs./wk. 2) 30 hrs./wk. 2 divided by 30 = .06 (6%) = Setting 1

- In regular classroom 80% of the school day, or more (*Setting 1*)
- In regular classroom 40% to 79% of the day (*Setting 2*)
- In regular class less than 40% of the day (*Setting 3*)
- Other setting: Public/Private Separate Schools, RTC, Homebound/Hospital (*Setting 4*)

Is the student's program and related services provided in his or her neighborhood school?

YES NO:

(If NO) explain _____

Identify the school site that the student will be attending: _____

**Note: Review placement decisions at least once a year, as part of the annual review process.*

IEP PROGRESS DOCUMENTATION

Inform parents of their child's progress toward annual goals in the IEP and the extent to which that progress is sufficient to enable the child to achieve the goals by the end of the year. Progress reports are required at least as often as parents of non-disabled children receive reports.

Describe the process to ensure that the child's parents regularly receive reports of progress toward annual goals: _____

Reporting schedule to inform parents about progress on annual measurable goals:

Monthly Quarterly Semester Other _____

★AGE OF MAJORITY

_____ will reach the age of majority (18 in New Mexico) on (date) _____

The student and parent/guardian were informed annually on (date) _____ of the student's rights upon reaching the age of majority beginning at age 14.

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MEETING PARTICIPANTS

Signature signifies attendance and participation in the development of the IEP.

Signature	Role	Date
	Student	
	Parent/Guardian	
	Parent/Guardian	
	LEA Representative	
	Special Education Teacher	
	Regular Education Teacher	
	Qualified evaluator of test results, (if appropriate)	
	Interpreter (as appropriate)	
	Participating Agencies	
	Participating Agencies	
	Related Services Provider	
	Related Services Provider	

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PARENT RIGHTS

I have had the opportunity to participate in the development of this Individualized Education Program (IEP) and the recommended services and setting for my child. The information presented to me was in an understandable manner. I have received a copy of "Parent and Child Rights in Special Education" as part of an *initial IEP* meeting. (Parent Initials)_____

★CASE MANAGER

_____ is responsible for ensuring that everyone involved in implementing this IEP has access to necessary information and is informed of his/her specific responsibilities for providing the accommodations/modifications the student requires to benefit from his/her educational program.

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PRIOR WRITTEN NOTICE OF PROPOSED ACTIONS

Federal and State Legislation require that the public agency provide the parent/guardian with notification a reasonable amount of time before actions occur that would initiate or change the **identification**, the **evaluation**, the **educational services and setting**, or the provision of a free appropriate public education for this student. If the student is under 18 the parent/guardian is provided a copy of this notice. If the student is 18 years of age or over and does not have a legal guardian, it is his/her right to accept or refuse these proposed actions.

An IEP meeting was held on _____ to discuss special education services for this student. The IEP team reviewed and discussed the following input/ data and information: (Please check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Student input | <input type="checkbox"/> Developmental case history |
| <input type="checkbox"/> Parent input | <input type="checkbox"/> Hearing screening: (date) _____ |
| <input type="checkbox"/> Teacher input | <input type="checkbox"/> Vision screening: (date) _____ |
| <input type="checkbox"/> Classroom performance | <input type="checkbox"/> Previous IEP/evaluation: (date) _____ |
| <input type="checkbox"/> Classroom observation | <input type="checkbox"/> Language dominance |
| <input type="checkbox"/> School records | <input type="checkbox"/> Functional vision evaluation |
| <input type="checkbox"/> Developmental screening | <input type="checkbox"/> Counseling evaluation |
| <input type="checkbox"/> Achievement test: (name/date) _____ | |
| <input type="checkbox"/> Speech/Language evaluation: (name/date) _____ | |
| <input type="checkbox"/> Occupational therapy evaluation: (name/date) _____ | |
| <input type="checkbox"/> Physical therapy evaluation: (name/date) _____ | |
| <input type="checkbox"/> Psychological evaluation: (name/date) _____ | |
| <input type="checkbox"/> Intellectual assessment: (name/date) _____ | |
| <input type="checkbox"/> Medical information: _____ | |
| <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Other: _____ | |

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Federal regulations and state rules require that all public agencies have a “continuum of alternative service and setting options” available as needed in order to meet the needs of children with disabilities for special education and related services.

At this IEP meeting, the **public agency** and/or the **parent(s)/guardian(s)** proposed the following **items and options**:

<p>All Items Proposed All Options Considered</p>	<p>Proposed By</p>	<p>Accept (√)</p>	<p>Reject (√)</p>	<p>Reason for Acceptance or Rejection (Must include a description of each evaluation procedure, assessment, record or report used as a basis for the proposed or refused action)</p>
<p><i>#1 Regular Education classroom with Special Education services specified as: (Setting 1: 80% or more of the day in regular classroom)</i></p>				
<p><i>#2 Regular Education classroom combined with Special Education classroom and services provided specified as: (Setting 2: 40% to 79% of the day in regular class setting)</i></p>				
<p><i>#3 Regular Education classroom combined with Special Education classroom and services provided specified as: (Setting 3: less than 40% of the day in the regular class setting)</i></p>				
<p><i>#4 Special Education services provided all day or approaching a full day (Setting 4) specified as: (Other setting: public/private separate schools, RTC, homebound/hospitals)</i></p>				

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To the Parent/Guardian:

For initial provision of special education services, informed written consent from the parent(s)/guardian is required.

*Please sign below if you **give consent for the school district to proceed with the action(s) indicated on the Prior Written Notice of Proposed actions.***

(Parent/Guardian Signature) (Date)

For assistance in understanding your procedural safeguards/due process rights, you may contact:

School District Contacts	New Mexico Public Education Department	Parent Advocacy Support	Parent Liaison
	Dispute Resolution Coordinator Special Education Bureau Phone: 505-827-1457 Fax: 505-954-0001		

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