



### Tennessee's Individual Education Program (IEP)

From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
\_\_\_ Initial \_\_\_ Annual \_\_\_ Interim \_\_\_ Addendum

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last First Middle Mo/Day/Yr

Student Social Security/ID#: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F Ethnic Group: I B A H W \_\_\_\_\_

Relationship to Student: (Circle One) Parent Guardian Surrogate

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
\_\_\_\_\_

Student's Residence (if different): \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_

Attending School: \_\_\_\_\_ Home/School (if different): \_\_\_\_\_

#### Current Descriptive Information:

Describe the child's strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the concerns of the parents regarding their child's education: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how the child's disability affects involvement and progress in the general curriculum: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comment [HRL1]:** Proper spelling of student's name.

**Comment [HRL2]:** Birthday is not a need to know, but nice to know - develop social skills.

**Comment [HRL3]:** What school will you be working at?

**Comment [HRL4]:** Is this the student's regular school? Does the student travel a distance to school? Do the kids in the student's classes live in his/her neighborhood?

**Comment [HRL5]:** Valuable to understanding how to work with the child in the classroom; their strengths, weaknesses, frustrations, and parent expectations.

Student's Name: \_\_\_\_\_

Write "Yes" or "No" under "Exceptional" column for each area assessed. Remember "Exceptional" areas require a completed Goal Sheet.

Area Assessed	Present Levels of Performance Levels of functioning, should, when applicable, include norm referenced and/or criterion referenced data, as well as descriptive information on the student's deficit areas.	Sources of Information	Date	Exceptional Yes/No
Prevocational /Vocational				

**Comment [HRL6]:** Information on reading levels, language levels, math levels, etc as well as independence, pre-vocational, and non-academic measures.

**Consideration of Special Factors for IEP Development:**

- ◆ Does the child have limited English proficiency? \_\_\_ Yes \_\_\_ No. If yes, what is his/her primary mode of language? \_\_\_\_\_
- ◆ Is the child blind or visually impaired? \_\_\_ Yes \_\_\_ No. If yes, does the child need instruction in Braille? \_\_\_\_\_
- ◆ Does the child have communication needs? \_\_\_ Yes \_\_\_ No. If yes, what are they? \_\_\_\_\_
  - ◆ Is the child deaf or hard of hearing? \_\_\_ Yes \_\_\_ No. If yes, did the IEP Team consider:
    - ◆ the child's language and communication needs; \_\_\_ Yes \_\_\_ No
    - ◆ opportunities for direct communications with peers and professional personnel in the child's language and communication mode; \_\_\_ Yes \_\_\_ No
    - ◆ necessary opportunities for direct instruction in the child's language and communication mode? \_\_\_ Yes \_\_\_ No
- ◆ Is assistive technology necessary in order to implement the child's IEP? \_\_\_ Yes \_\_\_ No. If yes, what is needed? \_\_\_\_\_
- ◆ Does the child's behavior impede his/her learning or that of others? \_\_\_ Yes \_\_\_ No. If yes, the IEP Team has addressed the child's behavior in the following way(s):  
\_\_\_ Functional Behavior Assessment, \_\_\_ Behavior Intervention Plan, \_\_\_ Accommodations, \_\_\_ Goals and Objectives, \_\_\_ Other.
- ◆ Where in the IEP is this information located? \_\_\_\_\_

**Comment [HRL7]:** This generally refers to the home language, not ASL/CASE/SE.

**Comment [HRL8]:** Information relating specifically to deafness, including language choice.

**Comment [HRL9]:** Assistive technology information - Hearing Aids, CI, FM System.

Student's Name: \_\_\_\_\_

Has a comprehensive vocational evaluation been administered?  Yes  No

**Transition Services Planning** (Beginning at age 14, or younger)

**Comment [HRL10]:** Planning for after high school.

**Desired Post School Outcomes**

Employment: \_\_\_\_\_ Post-Secondary Education/Training: \_\_\_\_\_  
 Independent/Supported Living: \_\_\_\_\_ Community Involvement: \_\_\_\_\_

**Transition Service Needs**

Grade: 9 Course of Study: \_\_\_\_\_  
 Grade: 10 Course of Study: \_\_\_\_\_  
 Grade: 11 Course of Study: \_\_\_\_\_  
 Grade: 12 Course of Study: \_\_\_\_\_

**Transition Services** (Beginning at age 16, or younger)

Service Area	Need Yes/No	Activities/Strategies (All activities/strategies that are the responsibility of special education and are to be implemented this year must be reflected in goal sheets.)	Agency/Responsibilities
Instruction:			
Related Services:			
Community Experiences:			
Employment & Post-school Adult Living Objectives:			
Daily Living Objectives: (if appropriate)			
Functional Vocational Evaluation: (if appropriate)			

**Comment [HRL11]:** Student Competencies Regarding Interpreters could be included here.

Documentation of other agency participation in planning and the person responsible for contacting agency(s) if a representative did not attend: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If the student was not in attendance, how were the student's preferences and interests considered? (Check all that apply.)  
 Student interview  Student survey  Student portfolio  Vocational Assessments  Interest Inventory  Other: \_\_\_\_\_

**Measurable Annual Goals and Benchmarks/Short-term Instructional Objectives for IEP and Transition Activities**




**Comment [HRL12]:** Goals/objectives for individual subject areas or deficits. These goals are important to know for interpreting in the classroom.

Student's Name: \_\_\_\_\_ Goal \_\_\_\_ of \_\_\_\_

Area of Need: \_\_\_\_\_ Personnel/Position Responsible: \_\_\_\_\_

Annual Goal: \_\_\_\_\_

Benchmarks/Short-Term Instructional Objectives	Anticipated Beginning Date	Criteria for Mastery	Methods Of Evaluation	Actual Date(s) & Results of Evaluation	Report of Progress					
					1st	2nd	3rd	4th	5th	6th
1.					/	/	/	/	/	/
2.					/	/	/	/	/	/
3.					/	/	/	/	/	/
4.					/	/	/	/	/	/

Supplementary Aids/Services and Support _____			<b>Report of Progress</b>	*If 1 or 2, due to: (a) Lack of prerequisite skills, (b) more time needed, (c) inadequate assessment, (d) excessive absences/ tardies, or (e) other: _____
Program Modifications/Supports for School Personnel: _____				
<b>Codes</b>			1. No progress made*  2. Very little progress being made towards goal*  3. Some progress being made towards goal, or 4. Goal has been met, <b>And</b> 5. Anticipate meeting goal by IEP end, or  6. Do not anticipate meeting goal by IEP end. N/A Not applicable. Objective not covered during this grading period	<b>Date Progress Report Sent to Parents:</b>
Criteria for Mastery 1. 100% 2. 90% 3. 80% 4. 70% 5. Other:	Methods of Evaluation 1. Standard Tests 2. Teacher-Made Tests 3. Teacher Observations 4. Other:	Results of Evaluation M - Objective Met - Proceed to Next Objective C - Continue with same objective - Some progress made, more time needed D - Discontinue objective - Less than expected or no progress made		

**Regular Program Participation:** Indicate the appropriate subject area letter beside all modifications that are to be used by the student in the regular program.

a. All Subjects	b. Reading	c. English	d. Spelling	e. Math	f. Science
g. Social Studies	h. History	i. Health	j. Economics	k. Physical Education	l. Music/Art
m. Vocational	n. Lunch	o. Library	p. Title I	q. Other:	

**Special Education and Related Services:**

Service Code and Type of Service	Sessions Per Wk/Mo/Yr	Time Per Session	Hours Per Week	Beginning/Ending Dates	Location of Services
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**Comment [HRL13]:** Classroom and testing accommodations. Important to know what is and is not to be provided and allowed. This includes preferential seating, notetaking, signing test items, extended time (to allow for lag time while interpreting the test), among other possibilities. You may need to advocate for some of these for your student. These accommodations must be used regularly in the classroom in order to be usable on TCAPs and other testing.

<b>Classroom Instruction Accommodations/Modifications:</b>	<b>Assignment Accommodations/Modifications:</b>
<input type="checkbox"/> Preferential seating <input type="checkbox"/> Provide copies of material to be copied from book or board <input type="checkbox"/> Provide copies of notes (from another student) <input type="checkbox"/> Peer tutoring <input type="checkbox"/> Behavior/performance contracting <input type="checkbox"/> Highlighted textbook (student) <input type="checkbox"/> Taped materials <input type="checkbox"/> Other: _____	<input type="checkbox"/> Assignment book <input type="checkbox"/> Abbreviated assignments <input type="checkbox"/> Additional time <input type="checkbox"/> Study guide <input type="checkbox"/> Extra grade opportunities (Re-do items missed, extra credit) <input type="checkbox"/> Compacting <input type="checkbox"/> Other: _____

01 Consultation	_____ / _____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____ / _____
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**Classroom Testing Accommodations/Modifications:** (In order to justify appropriateness of accommodations for any state mandated tests, the testing accommodations listed below should be used consistently within a student's academic program over the previous year.)

<b>(TCAP Special Accommodations)</b>	<b>(TCAP Allowable Accommodations)</b>
<input type="checkbox"/> Extended Time <input type="checkbox"/> Reading aloud internal test instructions/items <input type="checkbox"/> Prompting upon request <input type="checkbox"/> Interpreter Signs/Cues test <input type="checkbox"/> Reads into auditory recorder and plays back <input type="checkbox"/> Calculator/Mathematics Tables (word problems) <input type="checkbox"/> Calculator/Mathematics Tables (all math) <input type="checkbox"/> Manipulatives <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Scribe <input type="checkbox"/> Unique Adaptive Accommodations (Approved)	<input type="checkbox"/> Large Print or Braille: <input type="checkbox"/> Sign/Re-read Oral Instructions Verbatim <input type="checkbox"/> Flexible Setting: <input type="checkbox"/> Visual/Tactile Aids: <input type="checkbox"/> Auditory Aids: <input type="checkbox"/> Multiple Testing Sessions <input type="checkbox"/> Flexible Scheduling: <input type="checkbox"/> Marking in Test Booklet <input type="checkbox"/> Student Reads Aloud to Self <input type="checkbox"/> (Accommodations listed below not available for TCAP) <input type="checkbox"/> Modify test format (word bank, multiple choice, short answer) <input type="checkbox"/> Abbreviated concepts tested <input type="checkbox"/> Modify grading scale (Pass/Fail or points)

02 Direct Special Education (For Inclusion, refer to State Instruction Booklet under "Type of Service" section.)	_____ / _____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____ / _____
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**State/District Mandated Assessments:** (Check either Number 1 or Number 2. When utilizing accommodations the appropriate addendum must be attached to this IEP.)

1. \_\_\_ Student will participate in the following State or district assessment(s):

Achievement     Competency Tests     EOC Tests     Gateway Tests     Writing

<b>Gateway Tests</b>	<b>Score / Date Passed</b>	<b>Competency Tests</b>	<b>Score / Date Passed</b>
<input type="checkbox"/> Mathematics	____ / ____	<input type="checkbox"/> Mathematics	____ / ____
<input type="checkbox"/> Language Arts	____ / ____	<input type="checkbox"/> Language Arts	____ / ____
<input type="checkbox"/> Science	____ / ____		

**End of Course Test(s)**

\_\_\_\_\_     \_\_\_\_\_     \_\_\_\_\_

\_\_\_\_\_     \_\_\_\_\_     \_\_\_\_\_

District Assessment: \_\_\_\_\_

**Accommodations for TCAP Assessments** (Check boxes that apply – Box A or Box B and/or Box C)

A.  No Accommodations

B.  Allowable State Accommodations

C.  Special Accommodations

D.  ELL Accommodations

Yes  No – Addendum(s) Attached

2. \_\_\_ Student will participate in the TCAP Alternate Assessment (TCAP-Alt).

Yes  No – TCAP-Alt Participation Addendum Attached

03 Supervision (Option 8 only)	_____ / _____ / _____ / _____ / _____ / _____	
<b>Related Service(s), including Instruction from Specialized Personnel</b>	_____ / _____ / _____ / _____ / _____ / _____	
_____ / _____ / _____ / _____ / _____ / _____		
_____ / _____ / _____ / _____ / _____ / _____		
_____ / _____ / _____ / _____ / _____ / _____		
<b>Related Service Codes:</b>		
04 Psychological Services	12 Orientation & Mobility Services	20 Work-Based Learning
05 Social Work Services	13 Audiology Services	
06 Occupational Therapy	14 Other Services	
07 Speech/Language Pathology Services	15 Ancillary - Attendant	
08 Recreation Services	16 Ancillary - Interpreter	
09 Physical Therapy	17 Ancillary - Other	
10 School Health Services	18 Residential	
11 Counseling Services	19 Homebound/Hospital	

**Comment [HRL14]:** Interpreter should be considered a Related Service and should be detailed here. Without this, an interpreter may be dismissed as unnecessary according to the IEP.

<b>Total Regular Education hours per week:</b> _____	<b>Total Special Education hours per week:</b> _____
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**LRE and General Education:** Explain the extent, if any, in which the student **will not** participate with non-disabled peers in:

- ♦ the regular class: \_\_\_\_\_
- ♦ extracurricular and nonacademic activities: \_\_\_\_\_
- ♦ his/her LEA Home School: \_\_\_\_\_

**Comment [HRL15]:** What will the student's participation in the general program be?

**Special Transportation:** Does student require special transportation?  Yes  No. If yes, please explain: \_\_\_\_\_

**Comment [HRL16]:** Will the student have a different school schedule? Does he/she get on the bus early to get to school (and may be extra tired?)

**Extended School Year:** Date ESY program was/will be determined: \_\_\_\_\_. ESY program \_\_\_\_\_ is \_\_\_\_\_ is not to be provided.

**Comment [HRL17]:** If ESY is provided, is that included in your contract, a separate contract, or does not involve the regular interpreter?

**IEP Participants:** (The following individuals attended the IEP Team and participated in the development of this Individualized Education Program.)

Position	Signature	In Agreement	Date
Parent	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
LEA Representative	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Special Education Teacher	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Regular Education Teacher	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Student (if appropriate)	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Interpreter of Evaluation Results	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**Comment [HRL18]:** If you were in attendance at the IEP meeting, fill in your job title/position (Interpreter or Educational Interpreter) and sign and date the document.

**Informed Parental Consent:**

Yes  No I certify that I am the legal parent(s) / guardian(s) / surrogate(s) of this child.  
 Yes  No I have been informed of and understand my rights as a parent, and have received a copy of my rights.  
 Yes  No I have been involved in the IEP Team meeting and/or the development of this IEP, and give permission for the proposed program described in this IEP for my child.  
 Yes  No My child and I have been informed of his/her right to represent himself/herself upon his/her eighteenth birthday. (Note: This information must be provided beginning at least one year prior to the student's 18th birthday.)

\_\_\_\_\_ Parent/Guardian/Surrogate Signature      \_\_\_\_\_ Date      \_\_\_\_\_ Student Signature      \_\_\_\_\_ Date

Date IEP was given to parent(s) \_\_\_\_\_. If the parent(s) did not attend, the person responsible for forwarding and explaining the contents of the IEP to the parents along with their rights is \_\_\_\_\_.

**Documentation of IEP Review by Other Teachers not in Attendance:**

_____	_____	_____	_____
Signature	Date	Signature	Date
_____	_____	_____	_____
Signature	Date	Signature	Date
_____	_____	_____	_____
Signature	Date	Signature	Date