



Shawnee Mission Public Schools
 Special Education
 Howard D. McEachen Administrative Center
 7235 Antioch
 Shawnee Mission, Kansas 66204-1798
 Telephone 913 993-6200



Individualized Education Program

Educating for Life

Student #

TYPE

- Initial
- Interim
- Reevaluation
- Review

DATE

Current IEP

STATUS

- New Referral
- Continuing Student
- Entering with IEP
- Return to Spec. Ed.

STUDENT INFORMATION

Legal Name: Last	First	Initial	Birthdate	Age	Sex	Current Placement
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School	Grade	Principal	Teacher/Counselor	Special Ed. Case Manager		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Home Address	City, State	Zip	Home Phone	Lives With		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Parent / Guardian of Home	Bus. Phone	Spouse of Home	Bus. Phone			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Other Parent / Guardian	Address	City, State ZIP	Phone			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

PLANNING TEAM

The following people were involved in the development of this Individual Education Program.

Name	Title	Name	Title
<input type="text"/>	Parent	<input type="text"/>	<input type="text"/>
<input type="text"/>	Student	<input type="text"/>	<input type="text"/>
<input type="text"/>	Reg. Ed. Teacher	<input type="text"/>	<input type="text"/>
<input type="text"/>	Spec. Ed. Teacher	<input type="text"/>	<input type="text"/>
<input type="text"/>	Sch. Dist. Rep.	<input type="text"/>	<input type="text"/>
<input type="text"/>	Eval. Interpreter	<input type="text"/>	<input type="text"/>

PARENT

- Parent input and concerns were considered in formulating the IEP by:
- Parent did not respond. Attempts to obtain involvement:
Date: Type:

STUDENT

- Student under age 14 for duration of this IEP
- Student input was considered in formulating the IEP by:
- Student declined involvement. Attempts to obtain involvement:
Date: Type:

IEP DISTRIBUTION

Copies to:

Indicate your receipt of a copy of this IEP by initialing.

Father Mother Student

Health/Med. Considerations: VISION: _____ Adequate / Inadequate HEARING: _____ Adequate / Inadequate
Date Date

Diagnosis (if any):

- Academic / Cognitive strengths and needs considered
 Communication strengths and needs considered
 Student has limited English proficiency: Yes / No
 Prevocational / vocational strengths and needs considered
 Daily life strengths and needs considered
 Motor performance strengths and needs considered
 Social / Emotional strengths and needs considered (including behavioral)
 Behavior (to date) impedes student's learning or that of others: Yes / No
 Assistive Technology needs considered
 Special Considerations (Vision / Hearing Impaired):

NOTE: Areas of identified educational need should be addressed through goals, services, and/or actions.

CONSIDERATIONS

Relevant Strengths:

Parental Concerns:

Date of Most Recent Evaluation Considered: _____ Comments:

After making the above considerations, the following areas of unique need are judged by the IEP team to result from the student's exceptionality and require special education (specially designed instruction) to enable the student's involvement and progress in the general curriculum and/or to meet these unique needs (benefit from his/her education):

Area requiring special education:

Present Level of Performance:

Impact upon involvement and progress in the general curriculum [ECSE - on participation in appropriate activities]:

Goal 1:

Criteria:

Responsible:

Anticipated benchmarks between present level and goal:

How goal will enable the student to be involved in and progress in general curriculum and in meeting other educational needs:

How goal will be measured:

PRESENT LEVEL OF PERFORMANCE / GOAL / BENCHMARKS

PRESENT LEVEL OF PERFORMANCE / GOAL / BENCHMARKS

Area requiring special education:

Present Level of Performance:

Impact upon involvement and progress in the general curriculum (ECSE - on participation in appropriate activities):

Goal ___:

Criteria:

Responsible:

Anticipated benchmarks between present level and goal:

How goal will enable the student to be involved in and progress in general curriculum and in meeting other educational needs:

How goal will be measured:

PRESENT LEVEL OF PERFORMANCE / GOAL / BENCHMARKS

Area requiring special education:

Present Level of Performance:

Impact upon involvement and progress in the general curriculum (ECSE - on participation in appropriate activities):

Goal ___:

Criteria:

Responsible:

Anticipated benchmarks between present level and goal:

How goal will enable the student to be involved in and progress in general curriculum and in meeting other educational needs:

How goal will be measured:

LEAST RESTRICTIVE ENVIRONMENT

LRE / Program Placement	Appropriate		Description of Program
	Y	N	
Regular classroom with or without supplementary aids / services			More than one placement may be appropriate.
Resource programs / support** <small>(program considered)</small>			
Specialized Placements:** <small>(program considered)</small>			

Appropriate Placement: Reg Class Reg Class w/Resource Rm Special Class
 Special School Home Residential Facility

**Rationale:

The following special education (specially designed instruction) and related services (services required to assist the student to benefit from special education) will be provided:

SPECIAL EDUCATION AND RELATED SERVICES

	Service	Anticipated Frequency	Anticipated Setting / Location	Responsible, Title	Anticipated Start Date	Anticipated Duration	Ant. End (or Review) Date
1							
2							
3							
4							
5							
6							
7							
8							

Person responsible for service on top line is case manager unless specified otherwise.

Comments:

9. Additional Recommendation:

10. Additional Recommendation (include any termination of previous services):

In light of regression and recoupment or other considerations -

Extended School Year: Eligible / Ineligible For Goals:

Transportation Provided? Yes / No Between: Home / School Schools School / Activities

Mode: Reg / Lift Comments:

PROGRAM MODIFICATIONS / PERSONNEL
SUPPORTS

Program modifications and/or supports for personnel (include anticipated frequency, location, and duration where appropriate):

SUPPLEMENTARY AIDS AND SERVICES

The following aids, services, and other supports are needed in regular education classes or other education-related settings to enable the student to be educated with other nonexceptional children to the maximum extent appropriate in accordance with the least restrictive environment for the student:

PROG.
REPORT

Method of reporting progress to parents:

Frequency of reporting: At standard grading periods

PEER
PARTIC.

Extent to which the student will not participate with nonexceptional peers in regular educ. programs (academic, non-academic, extracurric.):

STATE / DISTRICT
ASSESSMENTS

State or Districtwide Assessments: Full Participation Modified Presentation Alternate Assessment
 Waive Participation

Modifications / Adaptations in administration of State / districtwide assessments:

Reason for Alternate Assessment or Waiver:

Alternate Assessment Method:

TRANSITION / GRADUATION PLAN (age 14 or older)GRADUATION
INFORMATION

Previous IEPs regarding graduation requirements have been reviewed. The student is scheduled to meet standard / modified graduation requirements. Notify counselling coordinator if requirements are modified. Once requirements have been modified they should remain that way.
Modifications:

Projected Graduation Date: _____ Upon completion of graduation requirements.

TRANSITION
TARGET

Based on this student's interests and needs, the team has determined that he/she is in need of specialized transition services which promote movement from school to following post-school activities:

- | | | |
|---|---|--|
| <input type="checkbox"/> Postsecond Educ/Training | <input type="checkbox"/> Continuing/Adult Educ. | <input type="checkbox"/> Community Participation |
| <input type="checkbox"/> Vocational Training | <input type="checkbox"/> Adult Services | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Integrated Employment | <input type="checkbox"/> Independent Living | <input type="checkbox"/> Other _____ |

Transition services are the following:

Instruction / Related Services (DO NOT LEAVE BLANK - state rationale if not needed):

Community Experiences (DO NOT LEAVE BLANK - state rationale if not needed):

Employment and/or Post-school Living (DO NOT LEAVE BLANK - state rationale if not needed):

Daily Living Skills, including where appropriate, Functional Vocational Evaluation (OPTIONAL - No rationale necessary if no services needed.):

The student's preferences and interests were considered through the following involvement:

Other Agency Involvement - List representatives and type of involvement (e.g. Attended IEP, Phone call) :

- | | |
|---|--|
| <input type="checkbox"/> Notify KRS of Transition (16) - | <input type="checkbox"/> Reevaluate in preparation for graduation. - |
| <input type="checkbox"/> Notify student and parent of rights / impending transfer of rights at reaching age of majority. (17) - | |

TRANSITION SERVICES



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Student #



Individual Education Program
Additional Notes

Name:

Date: