Diagnosis [if any]:

- Academic / Cognitive strengths and needs considered
- Communication strengths and needs considered
- Student has limited English proficiency: Yes / No
- 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]:

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 exceptional inability 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:
### Area requiring special education:

**Present Level of Performance:**

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

<table>
<thead>
<tr>
<th>Goal ___</th>
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<tbody>
<tr>
<td>Criteria:</td>
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<tr>
<td>Anticipated benchmarks between present level and goal:</td>
</tr>
</tbody>
</table>

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:

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### Area requiring special education:

**Present Level of Performance:**

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

<table>
<thead>
<tr>
<th>Goal ___</th>
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<tr>
<td>Criteria:</td>
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<td>Anticipated benchmarks between present level and goal:</td>
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</tbody>
</table>

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:
<table>
<thead>
<tr>
<th>LRE / Program Placement</th>
<th>Appropriate</th>
<th>Description of Program</th>
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</thead>
<tbody>
<tr>
<td>Regular classroom with or without supplementary aids / services</td>
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<tr>
<td>Resource programs / support**</td>
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<tr>
<td>Specialized Placements:**</td>
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</tbody>
</table>

**Rationale:**
- ☐ Reg Class
- ☐ Reg Class w/Resource Rm
- ☐ Special Class
- ☐ Special School
- ☐ Home
- ☐ Residential Facility

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Anticipated Frequency</th>
<th>Anticipated Setting / Location</th>
<th>Responsible, Title</th>
<th>Anticipated Start Date</th>
<th>Anticipated Duration</th>
<th>Ant. End / Review Date</th>
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<tbody>
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</table>

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

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:

Method of reporting progress to parents:

Frequency of reporting: At standard grading periods

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

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)

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

**Modifications:**

**Projected Graduation Date:** Upon completion of graduation requirements.

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:

- [ ] Postsecond Edu/Training
- [ ] Continuing/Adult Edu.
- [ ] Community Participation
- [ ] Vocational Training
- [ ] Adult Services
- [ ] Other ______________________
- [ ] Integrated Employment
- [ ] Independent Living
- [ ] 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):**

- [ ] Notify KRS of Transition (16)
- [ ] Reevaluate in preparation for graduation
- [ ] Notify student and parent of rights / impending transfer of rights at reaching age of majority (17)