

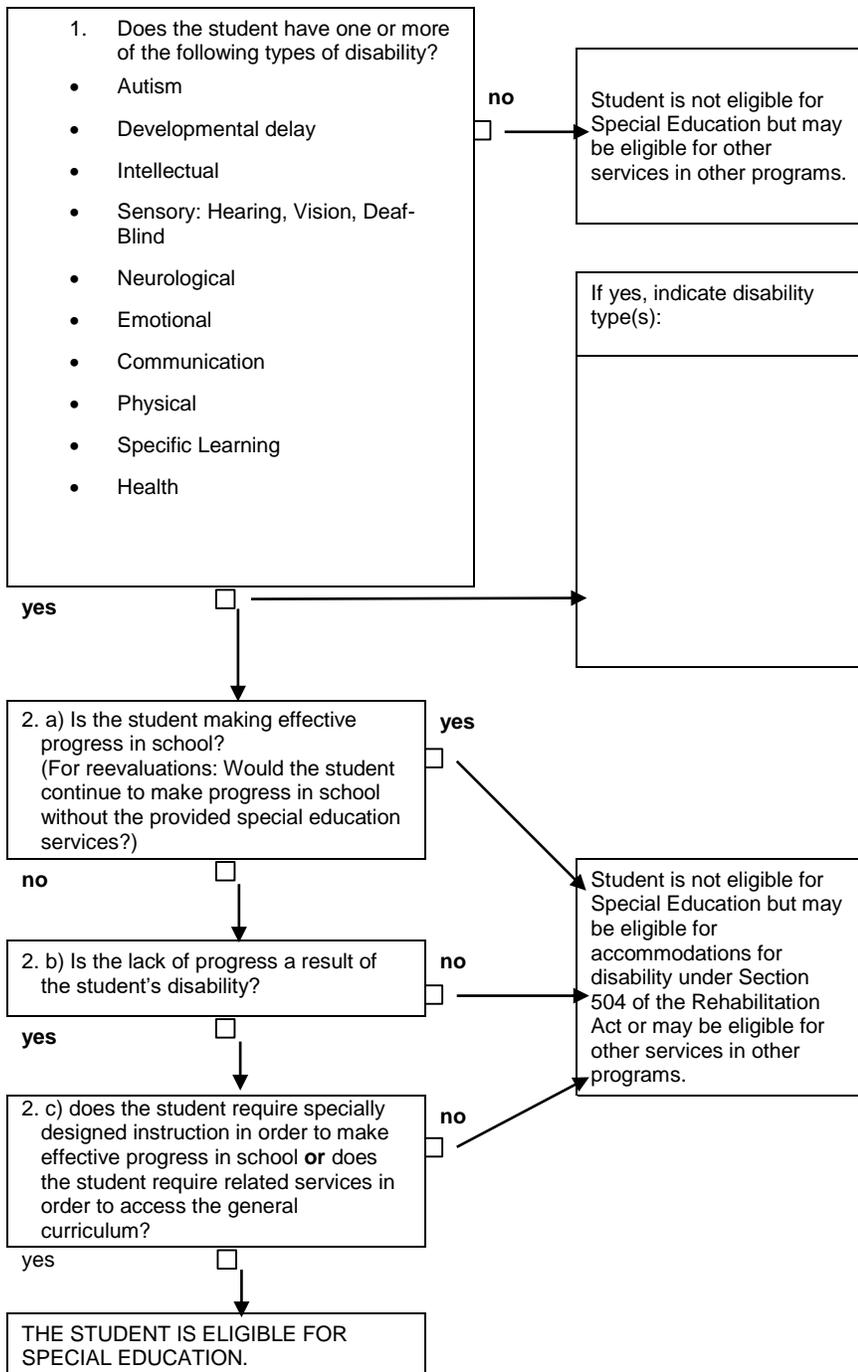
## Writing Guide for the IEP

The IEP forms below have been annotated by the Federation for Children with Special Needs to enhance the instructions. **Transition related issues are in bold.**

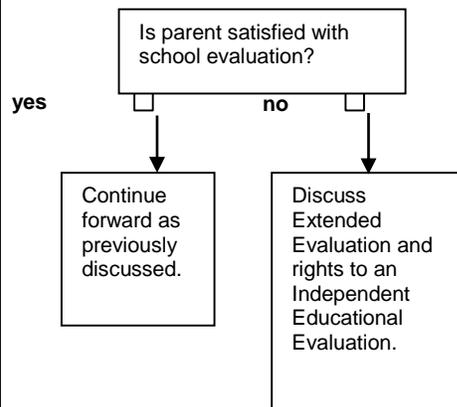
# Special Education Eligibility/Initial and Reevaluation Determination

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID#: \_\_\_\_\_ Date: \_\_\_\_\_

**A. Proceed through the flowchart until an eligibility determination is reached..**



**B. Answer this question for all students.**



**KEY EVALUATION FINDINGS AND/OR NEXT STEPS**

Annotated by the Federation for Children with Special Needs

School District Name:

School District Address:

School District Contact Person/Phone #:

## INDIVIDUALIZED EDUCATION PROGRAM

IEP Dates: from \_\_\_\_\_ to \_\_\_\_\_

Student Name:

DOB:

ID#:

Grade/Level:

### Parent and/or Student Concerns

What concern(s) does the parent and/or student want to see addressed in this IEP to enhance the student's education?

This is the parent and/or student's opportunity to document and describe:

- student experiences and challenges
- concerns about progress including social/emotional development
- Student's accomplishments and vision
- concerns regarding the student's services
- concerns regarding last year's IEP

**During transition period (ages 14-22), student's vision should drive the IEP:**

- *student be involved in the IEP development/meeting*
- *discussion of postsecondary options and planning*
- *extracurricular & non-academic activities*
- *strengths, interests, and preferences*

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### Student Strengths and Key Evaluation Results Summary

What are the student's educational strengths, interest areas, significant personal attributes and personal accomplishments?

What is the student's type of disability, general education performance including

MCAS /district test results, achievement towards goals and lack of expected progress, if any?

When describing the student in this section, Teams must write from a whole-student perspective. Each of the questions above should be answered. It is good to step back from the concerns to really focus on the positive.

Include:

1. educational strengths—what do they do well at school? *How does this relate to their postsecondary plans?*
2. interests—what are their preferences? *Are preferences considered when choosing coursework and extra curricular options?*
3. personal attributes and personal accomplishments—what are their positive qualities and their successes?  
*Incorporate this info in the student's personal portfolio and include new information as learning and life experience evolve.*
4. educational performance—what is their type of disability and how does it affect their school work in the general education curriculum? *Access to the general curriculum is critical to reach expectations for life long goals.*
5. a summary of the evaluation assessments, standardized testing results and/or any other district test results. The Team should present an integrated view of any isolated individual skills or problems found in the test results and then discuss how the IEP can be written to support/lead the student to increased scores. *Include discussion on future STANDARDIZED testing and graduation expectations.*
6. if this is not an initial IEP, achievement towards goals—did the student meet or exceed expected progress? And/or was there lack of expected progress?

The Team should keep the big picture in mind and plan to use the student's strengths to the best advantage in planning the vision, accommodations and modifications sections of the IEP.

Parents may want to bring last year's progress report in order to help the Team complete this section.

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### Vision Statement: What is the vision for this student?

Consider the next 1 to 5 year period when developing this statement. **Beginning no later than age 14, the statement should be based on the student's preferences and interest, and should include desired outcomes in adult living, post-secondary and working environments.**

When considering the Vision:

- show a balance between immediate concerns and the hopes and dreams of the future
- address the student's progress towards independence in and out of school as well as a productive life
- for younger students, the parents can take a more active role in the development of the vision using input from the student

Students/parents may want to prepare this page of the IEP before the Team meeting.

Reminder: The vision should be used to plan the student's school and extra curricular schedules.

*For transition age students, the vision statement should reflect the student's hopes and dreams—not to be superseded by the Team. Because the student's vision drives the IEP, their participation is critical to the process. Be sure the discussion includes HOW they will participate and the IEP includes these important self advocacy skill building goals. The Team must consider desired outcomes in adult living, school, work and any other post-school environments. Think about how and where the student will live, work, travel, recreate and socialize in the community. What skills does student need to develop to accomplish his/her future vision?*

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_

ID#: \_\_\_\_\_

## Present Levels of Educational Performance

### A: General Curriculum

All students **MUST** have access to and progress in the general curriculum.

The general curriculum is the curriculum used with non-disabled students.

#### Check all that apply.

#### General curriculum area(s) affected by this student's disability:

- |  |  |
|--|--|
| <input type="checkbox"/> English Language Arts       | Consider the language, composition, literature (including reading) and media strands.  |
| <input type="checkbox"/> History and Social Sciences | Consider the history, geography, economic and civics and government strands.   |
| <input type="checkbox"/> Science and Technology      | Consider the inquiry, domains of science, technology and science, technology and human affairs strand.                         |
| <input type="checkbox"/> Mathematics                 | Consider the number sense, patterns, relations and functions, geometry and measurement and statistics and probability strands. |
| <input type="checkbox"/> Other Curriculum Areas      | Specify: _____   |

How does the disability affect progress in the curriculum area(s)?

This section facilitates instructional planning by providing a bridge from the evaluation process and results (IEP page 1: Key Evaluation Results Summary) to instructional interventions.

Describe, based on current relevant information obtained from a variety of sources, how the identified disability impacts the student's overall participation in the *general curriculum and the life of the school*. Be sure to include information regarding which "typical" expectations or assignments will be difficult due to the disability.

Provide a clear description of how the various aspects of the disability impact progress. Each component of the student's disability should be addressed, e.g. cognitive, emotional, behavioral, physical, attention.

Reminder: Parents are most aware of their child's needs and can be a vital resource for this section. **Older students can give input.**

What type(s) of accommodation, if any, is necessary for the student to make effective progress?

Accommodations are changes that may include but are not limited to changes in:

- the physical arrangement of the room
- lesson organization
- test-taking practices
- organizational tools

When writing accommodations for a student, be sure they:

- are typically provided by general educators within the general education environment
- do not involve modifying the content material (student will have access to and progress in the general curriculum)
- allow students to receive information in a more efficient manner (uses their preferred learning style)
- address the effect the student's disability and skill weakness has on educational progress (see previous section)

What type(s) of specially designed instruction, *if any*, is necessary for the student to make effective progress?

Specially designed instruction refers to modifications that:

- are not typically provided for students in the general education program
- have been designed by or with an appropriately credentialed special education teacher or related service provider

Check the necessary instructional modification(s) and describe how such modification(s) will be made.

- |   |   |
|---|---|
| <input type="checkbox"/> Content:                             | Describes a change in the general curriculum. The student will study the same areas but the level, complexity or intensity of the information will be altered.  |
| <input type="checkbox"/> Methodology/Delivery of Instruction: | Describes a change in the way the student is being taught. The alteration should address the student's unique learning style and strengths (see IEP page 1 Student Strengths). The description includes the components of the methodology not the name of a specific methodology. |
| <input type="checkbox"/> Performance Criteria:                | Describes a change in the way the student demonstrates what they have learned. The alteration should address the student's unique learning style and strengths (see IEP page 1 Student Strengths)   |

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_

ID#: \_\_\_\_\_

## Present Levels of Educational Performance

### B: Other Educational Needs

PLEASE NOTE: IDEA HIGHLIGHTS CONSIDERATIONS IN BEHAVIOR, LEP STUDENTS WITH DISABILITIES (MUST DOCUMENT WHETHER SERVICES WILL BE PROVIDED IN ENGLISH OR THE STUDENT'S NATIVE LANGUAGE), THE USE OF BRAILLE FOR THE BLIND/VISUALLY IMPAIRED STUDENTS, LANGUAGE AND COMMUNICATION NEEDS FOR THE STUDENT WHO IS DEAF/HEARING IMPAIRED, COMMUNICATION FOR ALL STUDENTS AND USE OF ASSISTIVE TECHNOLOGY.

#### Check all that apply.

#### General Considerations

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Adapted physical education              | <input type="checkbox"/> Assistive tech devices/services | <input type="checkbox"/> Behavior   |
| <input type="checkbox"/> Braille needs (blind/visually impaired) | <input type="checkbox"/> Communication (all students)    | <input type="checkbox"/> Communication (deaf/hard of hearing students)                            |
| <input type="checkbox"/> Extra curriculum activities             | <input type="checkbox"/> Language needs (LEP students)   | <input type="checkbox"/> Nonacademic activities   |
| <input type="checkbox"/> Social/emotional needs                  | <input type="checkbox"/> <b>Travel training</b>          | <input type="checkbox"/> <b>Skill development related to vocational preparation or experience</b> |
- Other The team should consider how the student's disability affects participation in the life of the school—extracurricular and other non-academic activities

For children ages 3 to 5 — participation in appropriate activities

For children ages 14+ (or younger if appropriate) — student's course of study

For children ages 16 (or younger if appropriate) to 22 — transition to post-school activities including community experiences, employment objectives, other post school adult living and, if appropriate, daily living skills.

The age specific considerations listed above are placed here to serve as a reminder of particular aspects of transition throughout the IEP as mandated by federal law. If the student falls into one of the categories mentioned, the appropriate box should be marked.

How does the disability affect progress in the indicated area(s) of other educational needs?

As with IEP page 2, this section facilitates instructional planning by providing a bridge from the Key Evaluation Results Summary (on IEP 1) to instructional interventions.

Describe, based on current relevant information obtained from a variety of sources, how the identified disability impact the student's participation in the areas listed above **and the life of the school**.

Provide a clear description of how the various aspects of the disability impact progress. Each component of the student's disability should be addressed e.g. cognitive, emotional, behavioral, physical, attention.

Reminder: Parents are most aware of their child's needs and can be a vital resource for this section. **Students also can provide info.**

What type(s) of accommodation, *if any*, is necessary for the student to make effective progress?

Some students may require accommodations in only one curriculum or program area; others may require extensive accommodations or none at all.

The Team's attention should be on *what the school district can do* to help the student.

What type(s) of specially designed instruction, *if any*, is necessary for the student to make effective progress?

Specially designed instruction addresses the unique needs of the student that result from their disability.

Not all students will need specially designed instruction in all areas of educational need and not all students will require specially designed instruction in the areas of content, methodology/delivery of instruction or performance criteria.

Check the necessary instructional modification(s) and describe how such modification(s) will be made.

- Content: Describes a change in the general curriculum. The student will study the same areas but the level, complexity or intensity of the information will be altered.
- Methodology/Delivery of Instruction: Describes a change in the way the student is being taught. The alteration should address the student's unique learning style and strengths (see IEP page 1 Student Strengths). The description includes the components of the methodology not the name of a specific methodology.
- Performance Criteria: Describes a change in the way the student demonstrates what they have learned. The alteration should address the student's unique learning style and strengths (see IEP page 1 Student Strengths)

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_

ID#: \_\_\_\_\_

## Current Performance Levels/Measurable Annual Goals

Team members now begin to pay attention to what the school district will expect the student to do and accomplish over the IEP period. The Team must ensure that the selected goals are skill building and are the ones that matter most to the parents, to **the future of the student** and in making the biggest difference in the student's life.

Goal #	Specific Goal Focus:
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Current Performance Level: What can the student currently do?

Using the information found in the PRESENT LEVELS OF EDUCATIONAL PERFORMANCE (IEP pages 2 & 3) the Team should identify the focus areas for the goals.

Once the focus areas have been determined, the Team then generates specific current performance levels within those focus areas. The current performance levels become the starting point for writing goals and the goals become the end points for student accomplishment for the IEP period. For this reason, current performance levels need to be recorded clearly.

This section should be based on examples of student work or test results and not only anecdotal information. Ask the question, **"Within this limited skill area, what can the student do now?"**

Measurable Annual Goal: What challenging, yet attainable, goal can we expect the student to meet by the end of this IEP period?  
How will we know that the student has reached this goal?

Goals must be individualized and based on:

- the student's past experience
- current performance
- rate of learning and
- educational need

Team members may find it helpful to ask themselves the following questions:

- What components should be included in the goal?
- What does it look like when the student achieves the goal? (Target Behavior)
- How might the student demonstrate that the goal has been achieved? (Condition)
- How will this demonstration be assessed? (Criteria)
- What will be the data collection strategy to determine goal completion? (Measurability)
- Will this skill be useful in more than one environment? Will it help the student access more than one general curriculum framework? Will this skill make a big difference in the life of the student? Can this goal be used by more than one service provider?
- Can this goal be achieved in one year?

Reminder: Goals should be skill building (not restatements of the Common Core) to enable the student to access, participate and make progress in the curriculum of their peers without disabilities. **Life of the school goals and life skills goals should also be discussed.**

**Benchmark/Objectives:** What will the student need to do to complete this goal?

Benchmarks/objectives are the stepping stones between the current performance level and completion of the measurable annual goals.

Objectives:

- are short term and measurable
- break annual goals into sub-skills

When all of the sub-skills are achieved the goal is naturally achieved.

Benchmarks:

- serve the same purpose as objectives
- describe the amount of progress a student is expected to make within a specific segment of time within the IEP period and
- establish expected performance levels that allow for regular checks of progress that coincide with progress reporting periods

Progress Reports are required to be sent to parents at least as often as parents are informed of their nondisabled children's progress. Each progress report must answer the following two questions for each goal:  Annotated by the Federation for Children with Special Needs	<ol style="list-style-type: none"> <li>1. What is the student's progress toward the annual goal?</li> <li>2. Is the progress sufficient to enable the student to achieve the annual goal by the end of the IEP period?</li> </ol>
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**Use multiple copies of this form as needed.**

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_

ID#: \_\_\_\_\_

## Service Delivery

What are the total service delivery needs of this student?

Include services, related services, program modifications and supports (including positive behavioral supports, school personnel and/or parent training/supports). Services should assist the student in reaching IEP goals, to be involved and progress in the general curriculum, to participate in **extracurricular or nonacademic subjects** and to allow the student to participate with nondisabled students while working towards IEP goals.

School District Cycle:    5 day cycle    6 day cycle    10 day cycle    other:

### A. Consultation (Indirect Services to School Personnel and Parents)

Focus on Goal #	Type of Service	Type of Personnel	Frequency and Duration/Per Cycle	Start Date	End Date
	Example: Mental Health Family Counseling				
	Example: Sensory Integration Consult				
	Example: Applied Behavior Analysis - BCBA				
	Example: Behavior Plan Support for school staff				
		Examples of Specialists: <b>Transition, Vocational</b> AT, OT, PT, SLP, School Psychologist, Behavior, Inclusion, Autism, Aspergers, NLD	Examples: 15 min/cycle, 15 min/week, 30 min/cycle, 30 min/week, 1 hour/month		

### B. Special Education and Related Services in General Education Classroom (Direct Service)

Focus on Goal #	Type of Service	Type of Personnel	Frequency and Duration/Per Cycle	Start Date	End Date
	Services provided in the "typical" classroom				
	e.g., English Language Arts				
	e.g., Mathematics				
	e.g., Science				
	e.g., Social Studies				

### C. Special Education and Related Services in Other Settings (Direct Service)

Focus on Goal #	Type of Service	Type of Personnel	Frequency and Duration/Per Cycle	Start Date	End Date
	Services provided outside of the "typical" classroom				
	e.g., Vocational				
	e.g., Resource Room for skills training				
	e.g., Travel Training				

Use multiple copies of this form as needed.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID#: \_\_\_\_\_

## Nonparticipation Justification

Is the student removed from the general education classroom at any time? (Refer to IEP 5—Service Delivery, Section C.)

No     Yes    If yes, why is removal considered critical to the student's program?

- This section should address section C of IEP page 5.
- Focus on the student and the disability
- Clearly identify the times a student is removed from the general education classroom
- Describe the reasons why a separate setting is recommended and include the accompanying benefits for the student
- Make sure that justification refers to any special education and/or related services recommended to occur in settings outside the general education classroom during the service delivery discussion and NOT to potential placements.

IDEA '97 Regulation §300.550(b)(2): "... removal of children with disabilities from the regular educational 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." (Emphasis added.)

## Schedule Modification

**Shorter:** Does this student require a *shorter school day or shorter school year*?

No     Yes — shorter day     Yes — shorter year    If yes, answer the questions below.

**Longer:** Does this student require a longer school day or a longer school year to prevent substantial loss of previously learned skills and / or substantial difficulty in relearning skills?

No     Yes — longer day     Yes — longer year    If yes, answer the questions below.

How will the student's schedule be modified? Why is this schedule modification being recommended?  
If a longer day or year is recommended, how will the school district coordinate services across program components?

The Team's consideration of modified school day and year must be based on:

- the unique nature of any specially designed instruction or related services due to the student's disability or
- the student's demonstration or likely demonstration of substantial regression due to a break in service

Include:

- what the new schedule will look like and
- an explanation of why the new schedule is necessary

If there are recommended summer services or summer school place them here.

Reminder: All modifications to a student's schedule reflect the goals and objectives/benchmarks of the IEP AND MUST be reflected on the service delivery grid.

## Transportation Services

Does the student require transportation as a result of the disability?

No    Regular transportation will be provided in the same manner as it would be provided for students without disabilities. If the child is placed away from the local school, transportation will be provided.

Yes    Special transportation will be provided in the following manner:

on a regular transportation vehicle with the following modifications and/or specialized equipment and precautions:

on a special transportation vehicle with the following modifications and/or specialized equipment and precautions:

After the team makes a transportation decision and after a placement decision has been made, a parent may choose to provide transportation and may be eligible for reimbursement under certain circumstances. Any parent who plans to transport their child to school should notify the school district contact person.

## State or District-Wide Assessment

Identify state or district-wide assessments planned during this IEP period:

Fill out the table below. Consider any state or district-wide assessment to be administered during the time span covered by this IEP. For each content area, identify the student's assessment participation status by putting an "X" in the corresponding box for column 1, 2, or 3.

	1. Assessment participation: Student participates in on-demand testing under routine conditions in this content area.	2. Assessment participation: Student participates in on-demand testing with accommodations in this content area. (See ❶ below)	3. Assessment participation: Student participates in alternate assessment in this content area. (See ❷ below)
CONTENT AREAS	COLUMN 1	COLUMN 2	COLUMN 3
English Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History and Social Sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science and Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

❶ For each content area identified by an X in the column 2 above: note in the space below, the content area and describe the accommodations necessary for participation in the on-demand testing. Any accommodations used for assessment purposes should be closely modeled on the accommodations that are provided to the student as part of his/her instructional program.

- This is a justification section. What accommodations will be made and why they will be made should be stated.
- Accommodations and modification recommended on IEP pages 2 & 3 should be reflected in this section.

Reminder: If an accommodation is not listed here, your child cannot receive it during the assessment. This includes STANDARDIZED TESTING.

❷ For each content area identified by an X in column 3 above: note in the space below, the content area, why the on-demand assessment is not appropriate and how that content area will be alternately assessed. Make sure to include the learning standards that will be addressed in each content area, the recommended assessment method(s) and the recommended evaluation and reporting method(s) for the student's performance on the alternate assessment.

- This is a justification section. How the content areas will be assessed, what the assessment will look like and why the student needs an alternate assessment should be stated.

### NOTE

When state model(s) for alternate assessment are adopted, the district may enter use of state model(s) for how content area(s) will be assessed.

### Additional Information

- Include the following transition information: the anticipated graduation date; a statement of interagency responsibilities or needed linkages; the discussion of transfer of rights at least one year before age of majority; and a recommendation for Chapter 688 Referral.
- Document efforts to obtain participation if a parent and if student did not attend meeting or provide input.
- Record other relevant IEP information not previously stated.

Examples:

- Assistive technology
- Medical supports and services—nurse accompaniment
- Common planning time for general education and special education teachers
- Meeting schedules
- Communication books
- Instructional aides
- Transition issues here including transfer of rights at age of majority and/or intended date of graduation
- If parents are not in attendance, documentation of efforts to notify them

Reminder: Every service recorded in this section should also be reflected on the service delivery grid.

### Response Section

#### School Assurance

I certify that the goals in this IEP are those recommended by the Team and that the indicated services will be provided.

Signature and Role of LEA Representative

Date

#### Parent Options / Responses

It is important that the district knows your decision as soon as possible. Please indicate your response by checking at least one (1) box and returning a signed copy to the district. Thank you.

- I accept the IEP as developed.                       I reject the IEP as developed.
- I reject the following portions of the IEP with the understanding that any portion(s) that I do not reject will be considered accepted and implemented immediately. Rejected portions are as follows:

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- I request a meeting to discuss the rejected IEP or rejected portion(s).

If you reject the IEP or portions of the IEP it is a good idea to request a meeting before you progress to more formal due process options.

Signature of Parent, Guardian, Educational Surrogate Parent, Student 18 and Over\*

Date

*\*Required signature once a student reaches 18 unless there is a court appointed guardian.*

Parent Comment: I would like to make the following comment(s) but realize any comment(s) made that suggest changes to the proposed IEP will not be implemented unless the IEP is amended.

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School District Name:

School District Address:

School District Contact Person/Phone #:

## Team Determination of Educational Placement

IEP Dates: from \_\_\_\_\_ to \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID#: \_\_\_\_\_

Team Recommended Educational Placements	Corresponding Placement
The Team identified that IEP services are provided outside the general education classroom less than 21% of the time (80% inclusion).	<input type="checkbox"/> Full Inclusion Program
The Team identified that IEP services are provided outside the general education classroom at least 21% of the time but no more than 60% of the time.	<input type="checkbox"/> Partial Inclusion Program
The Team identified that IEP services are provided outside the general education classroom for more than 60% of the time.	<input type="checkbox"/> Substantially Separate Classroom
The Team identified that all IEP services should be provided outside the general ed. classroom and in a separate school that only serves students with disabilities.	<input type="checkbox"/> Day School
The Team identified that IEP services require a 24-hour education program.	<input type="checkbox"/> Residential School
The Team identified home-based IEP services for a student who is 3 to 5 years of age.	<input type="checkbox"/> Home-based Early Childhood Program
The Team identified IEP services provided in a program outside of the home for a student who is 3 to 5 years of age.	<input type="checkbox"/> Center-based Early Childhood Program
The Team has identified a mix of IEP services that are not provided in primarily school-based settings.	<input type="checkbox"/> Other:

Other Authority Required Placements (Non-Educational)	Corresponding Placement
The placement has been made by a state agency to an institutionalized setting for non-educational reasons.	<input type="checkbox"/> Institutionalized Setting Specify agency:
A doctor has determined that the student must be served in a home setting.	<input type="checkbox"/> Home-based Program
A doctor has determined that the student must be served in a hospital setting.	<input type="checkbox"/> Hospital-based Program

## Placement Consent Form

**Specific Program Location(s) and Dates:**

Parent Options / Responses

**It is important that the district knows your decision as soon as possible. Please indicate your response by checking at least one (1) box and returning a signed copy to the district along with your response to the IEP. Thank you.**

- I consent to the placement decision.
- I refuse the placement decision.
- I request a meeting to discuss the refused placement decision.

Signature of Parent, Guardian, Educational Surrogate Parent, Student 18 and Over\*

Date

*\*Required signature once a student reaches 18 unless there is a court appointed guardian.*

## Administrative Placement/Environment Information – PL2

(For school district record keeping only)

District:	School:	Contact:
Student:	DOB:	SASID:
		IEP Dates:
		To:

### SPECIAL EDUCATION CLASSIFICATION SUMMARY

DOE036 Nature of Primary Disability	DOE037 Nature of Services	DOE034 Special Education Placement	DOE039 Cost-Share Placement	DOE038 Level of Need	DOE032 Private Placement
<b>01</b> -Intellectual <b>02</b> -Sensory/ Hearing Impaired or Deaf <b>03</b> -Communication <b>04</b> -Sensory/ Vision Impaired or Blind <b>05</b> -Emotional <b>06</b> -Physical <b>07</b> -Health <b>08</b> -Specific Learning Disabilities <b>09</b> -Sensory/Deafblind <b>10</b> -Multiple Disabilities <b>11</b> -Autism <b>12</b> -Neurological <b>13</b> -Developmental Delay	<b>01</b> -(Found eligible for) related services only <b>02</b> -(Found eligible for) (a) specially designed instruction & related services or (b) specially designed instruction only	<b>3-5 Year Olds ONLY:</b> <b>08</b> - 100% services in general education classroom <b>09</b> -100% services in separate classroom <b>ALL AGES:</b> <b>10</b> - Full Inclusion, less than 21% outside general education <b>20</b> - Partial Inclusion, 21%-60% outside general education <b>40</b> - Substantially Separate, outside general education more than 60% <b>41</b> - Public Separate Day <b>50</b> - Private Separate Day <b>60</b> - Residential School <b>70</b> - Homebound/Hospital (Not home schooled) <b>90</b> - Public Residential Facilities	<b>District shares cost with:</b> <b>00</b> -shares cost with one or more public districts <b>01</b> -DOE <b>02</b> -DSS <b>03</b> -DMH <b>04</b> -DMR <b>05</b> -an agency <u>not</u> listed above <b>06</b> -two or more agencies <b>500</b> -district does not share costs. District absorbs all costs	<b>01</b> -Low-less than 2 hours of services per week <b>02</b> -Low-2 hours or more of services per week <b>03</b> -Moderate <b>04</b> -High	<b>00</b> -Enrolled in a private school placed by public agency <b>01</b> -Enrolled in a private school placed by parent or guardian <b>500</b> -Does not apply to student

**Check if the student is receiving any special education services from the district but is NOT EDUCATED in district**  
 (Includes a student receiving services only who is at a private school at private expense, home-schooled, or Pre-K etc, and is not educated by the district. School Code, DOE015, must be 08990000 for these students.)

**Specific Program Location:**

#### Determining Level of Need

Level of need refers to the amount of services that a student receives *inside or outside of the general education classroom*.  
 Check one box in each on the following columns that best describes the student's program.

Setting(s):	Service Provider(s):	Level of Services
1 <input type="checkbox"/> in general education classroom	<input type="checkbox"/> general educators and paraprofessionals with consultation	<input type="checkbox"/> under 25% of program time
2 <input type="checkbox"/> in and out of general education classroom	<input type="checkbox"/> combination of general educators, paraprofessionals, special educators and related service providers	<input type="checkbox"/> between 25% and 75% of program time
3 <input type="checkbox"/> out of general education classroom	<input type="checkbox"/> special educators and related service providers	<input type="checkbox"/> over 75% of program time
<ul style="list-style-type: none"> <li>• If two or three boxes are checked in Row 1, indicate <b>low</b>. If two or three boxes are checked in Row 2, indicate <b>moderate</b>. If two or three boxes are checked in Row 3, indicate <b>high</b>.</li> <li>• If one box is checked in each row, check either <b>moderate or high</b> depending on the need of the child. If the student's program cannot be rated against the listed criteria, use professional judgment in estimating level of service.</li> </ul>		
<b>Level of Need</b>	<input type="checkbox"/> Low-less than 2 hours of services per week	<input type="checkbox"/> Low- 2 hours or more of services per week <input type="checkbox"/> Moderate <input type="checkbox"/> High

Please refer to the Massachusetts Department of Education web site at <http://www.doe.mass.edu/infoservices/data/> for definitions of Primary Disability, Nature of Services, Sped Placement, Cost-Share Placement, Level of Need, and Private Placement.

School District Name:

School District Address:

School District Contact Person/Phone #:

**Progress Report** on IEP Dated: from \_\_\_\_\_ to \_\_\_\_\_

Student Name:

DOB:

ID#:

**INFORMATION FROM CURRENT IEP**

Goal #:

Specific Goal Focus:

**Current Performance Level:** *What does the student currently do?*

**Measurable Annual Goal:** *What challenging, yet attainable, goal can we expect the student to meet by the end on this IEP period? How will we know that the student has reached this goal?*

**Benchmarks/Objectives:** *What will the student need to do to complete this goal?*

**PROGRESS REPORT INFORMATION**

Progress Report Date: \_\_\_\_\_

Progress Report # \_\_\_\_\_ of \_\_\_\_\_

Progress Reports are required to be sent to parents at least as often as parents are informed of their nondisabled children's progress. Each progress report must answer the following two questions for each goal: ⌚ What is the student's progress toward the annual goal? ⌚ Is the progress sufficient to enable the student to achieve the annual goal by the end of the IEP period?

*Use multiple copies of this form as needed.*