

INDIVIDUAL EDUCATION PROGRAM - IEP

Section 1 – General Information

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|--|---------------------------|---------------------------|--|
| School Site | IEP Meeting | Last ESER Meeting | Student ID |
| Student Last Name | First Name | Middle Name | Date of Birth |
| | | | Age |
| Disability Category | Type of IEP | Gender | Grade |
| | | | Primary Language |
| Transfer of Rights letter has been sent | <input type="radio"/> N/A | <input type="radio"/> YES | |
| Notice of Procedural Safeguards provided | <input type="radio"/> YES | <input type="radio"/> NO | |
| Non-Diploma Track <i>Signature</i> : _____ | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> NOT YET DETERMINED |

Section 2 – Participants *(signature denotes attendance)*

| | | |
|----------------------|-------|-----------|
| _____ | _____ | _____ |
| Print (or type) Name | Title | Signature |
| _____ | _____ | _____ |
| Print (or type) Name | Title | Signature |
| _____ | _____ | _____ |
| Print (or type) Name | Title | Signature |
| _____ | _____ | _____ |
| Print (or type) Name | Title | Signature |
| _____ | _____ | _____ |
| Print (or type) Name | Title | Signature |
| _____ | _____ | _____ |
| Print (or type) Name | Title | Signature |

Section 3 – Present Levels

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| Student Strengths |
| |
| Parent Comments |
| |

Other Agency Comments

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (PLAAPF)

- Address all identified educational needs from the ESER and includes results of most recent state/district-wide assessments. For students turning 16 and older, include a statement of current secondary transition progress.

STATEMENT OF EFFECT - Describe how the disability affects the student's involvement and progress in the general education curriculum or for a preschool student, participation in appropriate activities.

| Section 4 – Consideration of Special Factors | | |
|--|---|--|
| BEHAVIOR | Does the student’s behavior impede the student’s learning or the learning of others to the extent the student may require positive behavioral interventions and supports? | <input type="radio"/> YES <input type="radio"/> NO |
| COMMUNICATION | Does the student have communication needs? <i>(Consider the communication needs of the child, and in the case of a child that is Deaf or Hard of Hearing consider the language and communication needs, opportunities for direct communication with peers/ professional personnel in the child’s language/communication mode)</i> SPECIFY the need(s): | <input type="radio"/> YES <input type="radio"/> NO |
| LANGUAGE | Does the student have language needs due to Limited English Proficiency (as they relate to the IEP)? | <input type="radio"/> YES <input type="radio"/> NO |
| VISUAL IMPAIRMENT | Does the student require instruction in Braille? | <input type="radio"/> YES <input type="radio"/> NO |
| ASSISTIVE TECHNOLOGY | Does the student require Assistive Technology (AT) devices, tools, implements or AT related services (includes “low-tech” items)? DESCRIBE: | <input type="radio"/> YES <input type="radio"/> NO |
| OTHER FACTORS | | |
| PRINT DISABILITY | Does the student possess a disability (such as blindness) preventing the student from accessing knowledge from printed materials unless the materials are produced in a special format (Large Print, Audio, etc.)? | <input type="radio"/> YES <input type="radio"/> NO |
| TRANSPORTATION | Does the student now or has the student ever required special (aide support, lift, etc.) transportation? | <input type="radio"/> YES <input type="radio"/> NO |
| MEDICAL | Does the student have specific medical needs that must be met by the school district? DESCRIBE (or attach a medical plan to the IEP): | <input type="radio"/> YES <input type="radio"/> NO |

-If “YES” to any special factor, the IEP must address the special factor(s) identified

| Section 5 – Secondary Transition <i>(Required before the student turns 16 – younger if appropriate)</i> | | |
|--|------------------|--|
| 1. Was the student invited to attend this IEP meeting? | | <input type="radio"/> N/A <input type="radio"/> YES <input type="radio"/> NO |
| 2. Has the student completed an age appropriate transition assessment? | | <input type="radio"/> YES <input type="radio"/> NO |
| 3. Has the IEP team determined if the student should apply to the Department of Vocational Rehabilitation? (http://labor.alaska.gov/dvr/) | | <input type="radio"/> YES <input type="radio"/> NO |
| 4. Does the student’s IEP includes appropriate measurable post-secondary goals that cover the education/training, employment, and independent living plan (reviewed annually)? | | <input type="radio"/> YES <input type="radio"/> NO |
| 5. If outside agencies/community partners are a part of this plan, were they invited (with parental consent) to the IEP meeting? | | <input type="radio"/> N/A <input type="radio"/> YES <input type="radio"/> NO |
| IDENTIFY ALL AGENCIES/COMMUNITY PARTNERS | | |
| Agency/Community Partner | Point of Contact | Phone |
| | | |
| | | |
| | | |

APPROPRIATE MEASURABLE POSTSECONDARY GOALS

Consider the student's strengths, interests and preferences, and based on age appropriate transition assessments.

| | |
|---|--------|
| Post-School Goals for Employment "My plan for a job is..." | Source |
| Post-School Goal for Training and/or Education "Upon completion of high school, I will..." | Source |
| Post-School Goal of Independent Living "My plan for living arrangements is..." | Source |

STATEMENT OF TRANSITION SERVICES: COORDINATED ACTIVITIES/STRATEGIES

| Activities/Strategies Related to Measurable Postsecondary Goals | Date to Implement | Person/Agency Arranging or Providing Services |
|---|-------------------|---|
| Instruction: | | |
| Related Services: | | |
| Community Experiences: | | |
| Employment: | | |
| Adult Living: | | |
| Daily Living Skills: | | |
| Functional Vocational Evaluation: | | |

COURSE OF STUDY

Considering the student's strengths, interests, preferences, and desired postsecondary goals, list the specific courses of study for the period of time covered by this IEP that will promote movement from school to the student's desired post-school goals.

| School Year | Grade | Courses |
|-------------|-------|---------|
| | | |
| | | |
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| | | |
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| Section 6 – Assessments | |
|--|---|
| State Assessment Accommodations | KEY: R=Reading, W=Writing, M=Mathematics, S=Science |
| 1. | <input type="radio"/> R <input type="radio"/> W <input type="radio"/> M <input type="radio"/> S |
| 2. | <input type="radio"/> R <input type="radio"/> W <input type="radio"/> M <input type="radio"/> S |
| 3. | <input type="radio"/> R <input type="radio"/> W <input type="radio"/> M <input type="radio"/> S |
| 4. | <input type="radio"/> R <input type="radio"/> W <input type="radio"/> M <input type="radio"/> S |
| 5. | <input type="radio"/> R <input type="radio"/> W <input type="radio"/> M <input type="radio"/> S |
| 6. | <input type="radio"/> R <input type="radio"/> W <input type="radio"/> M <input type="radio"/> S |
| 7. | <input type="radio"/> R <input type="radio"/> W <input type="radio"/> M <input type="radio"/> S |
| 8. | <input type="radio"/> R <input type="radio"/> W <input type="radio"/> M <input type="radio"/> S |
| Additional Comments: | |
| Classroom and District-Wide Assessment Accommodations | |
| 1. | <input type="radio"/> R <input type="radio"/> W <input type="radio"/> M <input type="radio"/> S |
| 2. | <input type="radio"/> R <input type="radio"/> W <input type="radio"/> M <input type="radio"/> S |
| 3. | <input type="radio"/> R <input type="radio"/> W <input type="radio"/> M <input type="radio"/> S |
| 4. | <input type="radio"/> R <input type="radio"/> W <input type="radio"/> M <input type="radio"/> S |
| 5. | <input type="radio"/> R <input type="radio"/> W <input type="radio"/> M <input type="radio"/> S |
| 6. | <input type="radio"/> R <input type="radio"/> W <input type="radio"/> M <input type="radio"/> S |
| 7. | <input type="radio"/> R <input type="radio"/> W <input type="radio"/> M <input type="radio"/> S |
| 8. | <input type="radio"/> R <input type="radio"/> W <input type="radio"/> M <input type="radio"/> S |
| Additional Comments: | |
| NOTE: Some accommodations may not be available on certain assessments. | |
| THE STUDENT WILL (Select ONE option below): | |
| <input type="radio"/> | Participate in state and district-wide assessments. |
| <input type="radio"/> | Participate in the state Alternate Assessment. <u>THIS OPTION IS A NON-DIPLOMA TRACK</u> <i>NOTE: The Alternate Assessment is based on alternate achievement standards and is a non-diploma track assessment. The team must provide a statement of why regular assessment is not appropriate and why the Alternate Assessment is appropriate. Parent notification is required for a non-diploma track option.</i> <ol style="list-style-type: none"> 1. Does the student have a significant cognitive disability? Yes No 2. Is the student primarily instructed (or taught) using the <i>AK-DLM Essential Elements</i> as content standards? Yes No 3. Does the student require extensive direct individualized instruction and substantial Supports to achieve measureable gains in the grade and age appropriate curriculum? Yes No <p>Statement explaining why the non-diploma track is selected (when applicable):</p> |
| <input type="radio"/> | Not be subject to state and district-wide assessment due to the student's age. |
| *Refer to the <i>Participation Guidelines for Alaska Students in State Academic Assessments, December 2014</i> | |

Section 7 – Program Modifications and Accommodations

All accommodations used for assessments are in place in the classroom. N/A YES NO

ADVANCE APPROPRIATELY TOWARDS ANNUAL GOALS

Student Supports Needed (Required - include assessment information)

School Personnel Supports Needed (include assessment information)

GENERAL EDUCATION CURRICULUM

Student Supports Needed

School Personnel Supports Needed

EXTRA CURRICULAR ACTIVITIES AND OTHER NON-ACADEMIC ACTIVITIES

Student Supports Needed

School Personnel Supports Needed

Section 8 – Extended School Year (ESY)

Extended School Year (ESY) services must be considered for each student with a disability.

Select one option-

A review of the student's educational needs indicate that ESY services **are not** required.
-may be reconsidered at any time

A review of the student's educational needs indicate that ESY services **are** required.
Identify ESY services (include dates, frequency and duration):

Section 9 – Measurable Annual Goal(s)

| | | | |
|----------|-------------|---------------------|---------|
| Baseline | Annual Goal | Person Responsible: | Goal #: |
| | | | |

- The goal enables student to be involved in and progress in the general curriculum.
- State Standard:
- The goal addresses an identified educational need.
- Progress reporting for this goal will be conducted: Quarterly Trimester Other:
- Secondary Transition: The goal addresses: Education/Training Employment Independent Living

| | | |
|-----------------------|--|---|
| Objective 1 | Evaluation Method | Schedule |
| Short-Term Objective: | <input type="radio"/> Testing <input type="radio"/> Data Collection <input type="radio"/> Work Sample <input type="radio"/> Grade <input type="radio"/> Observation <input type="radio"/> | <input type="radio"/> Daily <input type="radio"/> Wkly <input type="radio"/> Mthly <input type="radio"/> Qtrly <input type="radio"/> Sem <input type="radio"/> |

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| Report 1 Date: | Report 2 Date: | Report 3 Date: | Report 4 Date: |
| Progress: | Progress: | Progress: | Progress: |

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| Objective 2 | Evaluation Method | Schedule |
| Short-Term Objective: | <input type="radio"/> Testing <input type="radio"/> Data Collection <input type="radio"/> Work Sample <input type="radio"/> Grade <input type="radio"/> Observation <input type="radio"/> | <input type="radio"/> Daily <input type="radio"/> Wkly <input type="radio"/> Mthly <input type="radio"/> Qtrly <input type="radio"/> Sem <input type="radio"/> |

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| Report 1 Date: | Report 2 Date: | Report 3 Date: | Report 4 Date: |
| Progress: | Progress: | Progress: | Progress: |

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| Objective 3 | Evaluation Method | Schedule |
| Short-Term Objective: | <input type="radio"/> Testing <input type="radio"/> Data Collection <input type="radio"/> Work Sample <input type="radio"/> Grade <input type="radio"/> Observation <input type="radio"/> | <input type="radio"/> Daily <input type="radio"/> Wkly <input type="radio"/> Mthly <input type="radio"/> Qtrly <input type="radio"/> Sem <input type="radio"/> |

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| Report 1 Date: | Report 2 Date: | Report 3 Date: | Report 4 Date: |
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| Objective 4 | Evaluation Method | Schedule |
| Short-Term Objective: | <input type="radio"/> Testing <input type="radio"/> Data Collection <input type="radio"/> Work Sample <input type="radio"/> Grade <input type="radio"/> Observation <input type="radio"/> | <input type="radio"/> Daily <input type="radio"/> Wkly <input type="radio"/> Mthly <input type="radio"/> Qtrly <input type="radio"/> Sem <input type="radio"/> |

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| Report 1 Date: | Report 2 Date: | Report 3 Date: | Report 4 Date: |
| Progress: | Progress: | Progress: | Progress: |

Comments:

Section 9 – Measurable Annual Goal(s)

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|----------|-------------|---------------------|---------|
| Baseline | Annual Goal | Person Responsible: | Goal #: |
| | | | |

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- State Standard:
- The goal addresses an identified educational need.
- Progress reporting for this goal will be conducted: Quarterly Trimester Other:
- Secondary Transition: The goal addresses: Education/Training Employment Independent Living

| | | |
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| Objective 1 | Evaluation Method | Schedule |
| Short-Term Objective: | <input type="radio"/> Testing <input type="radio"/> Data Collection <input type="radio"/> Work Sample <input type="radio"/> Grade <input type="radio"/> Observation <input type="radio"/> | <input type="radio"/> Daily <input type="radio"/> Wkly <input type="radio"/> Mthly <input type="radio"/> Qtrly <input type="radio"/> Sem <input type="radio"/> |

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| Report 1 Date: | Report 2 Date: | Report 3 Date: | Report 4 Date: |
| Progress: | Progress: | Progress: | Progress: |

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| Objective 2 | Evaluation Method | Schedule |
| Short-Term Objective: | <input type="radio"/> Testing <input type="radio"/> Data Collection <input type="radio"/> Work Sample <input type="radio"/> Grade <input type="radio"/> Observation <input type="radio"/> | <input type="radio"/> Daily <input type="radio"/> Wkly <input type="radio"/> Mthly <input type="radio"/> Qtrly <input type="radio"/> Sem <input type="radio"/> |

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| Report 1 Date: | Report 2 Date: | Report 3 Date: | Report 4 Date: |
| Progress: | Progress: | Progress: | Progress: |

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| Objective 3 | Evaluation Method | Schedule |
| Short-Term Objective: | <input type="radio"/> Testing <input type="radio"/> Data Collection <input type="radio"/> Work Sample <input type="radio"/> Grade <input type="radio"/> Observation <input type="radio"/> | <input type="radio"/> Daily <input type="radio"/> Wkly <input type="radio"/> Mthly <input type="radio"/> Qtrly <input type="radio"/> Sem <input type="radio"/> |

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| Report 1 Date: | Report 2 Date: | Report 3 Date: | Report 4 Date: |
| Progress: | Progress: | Progress: | Progress: |

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| Objective 4 | Evaluation Method | Schedule |
| Short-Term Objective: | <input type="radio"/> Testing <input type="radio"/> Data Collection <input type="radio"/> Work Sample <input type="radio"/> Grade <input type="radio"/> Observation <input type="radio"/> | <input type="radio"/> Daily <input type="radio"/> Wkly <input type="radio"/> Mthly <input type="radio"/> Qtrly <input type="radio"/> Sem <input type="radio"/> |

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| Report 1 Date: | Report 2 Date: | Report 3 Date: | Report 4 Date: |
| Progress: | Progress: | Progress: | Progress: |

Comments:

Section 9 – Measurable Annual Goal(s)

| | | | |
|----------|-------------|---------------------|---------|
| Baseline | Annual Goal | Person Responsible: | Goal #: |
| | | | |

- The goal enables student to be involved in and progress in the general curriculum.
- State Standard:
- The goal addresses an identified educational need.
- Progress reporting for this goal will be conducted: Quarterly Trimester Other:
- Secondary Transition: The goal addresses: Education/Training Employment Independent Living

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| Objective 1 | Evaluation Method | Schedule |
| Short-Term Objective: | <input type="radio"/> Testing <input type="radio"/> Data Collection <input type="radio"/> Work Sample <input type="radio"/> Grade <input type="radio"/> Observation <input type="radio"/> | <input type="radio"/> Daily <input type="radio"/> Wkly <input type="radio"/> Mthly <input type="radio"/> Qtrly <input type="radio"/> Sem <input type="radio"/> |

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| Report 1 Date: | Report 2 Date: | Report 3 Date: | Report 4 Date: |
| Progress: | Progress: | Progress: | Progress: |

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| Objective 2 | Evaluation Method | Schedule |
| Short-Term Objective: | <input type="radio"/> Testing <input type="radio"/> Data Collection <input type="radio"/> Work Sample <input type="radio"/> Grade <input type="radio"/> Observation <input type="radio"/> | <input type="radio"/> Daily <input type="radio"/> Wkly <input type="radio"/> Mthly <input type="radio"/> Qtrly <input type="radio"/> Sem <input type="radio"/> |

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| Report 1 Date: | Report 2 Date: | Report 3 Date: | Report 4 Date: |
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| Objective 3 | Evaluation Method | Schedule |
| Short-Term Objective: | <input type="radio"/> Testing <input type="radio"/> Data Collection <input type="radio"/> Work Sample <input type="radio"/> Grade <input type="radio"/> Observation <input type="radio"/> | <input type="radio"/> Daily <input type="radio"/> Wkly <input type="radio"/> Mthly <input type="radio"/> Qtrly <input type="radio"/> Sem <input type="radio"/> |

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| Report 1 Date: | Report 2 Date: | Report 3 Date: | Report 4 Date: |
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| Objective 4 | Evaluation Method | Schedule |
| Short-Term Objective: | <input type="radio"/> Testing <input type="radio"/> Data Collection <input type="radio"/> Work Sample <input type="radio"/> Grade <input type="radio"/> Observation <input type="radio"/> | <input type="radio"/> Daily <input type="radio"/> Wkly <input type="radio"/> Mthly <input type="radio"/> Qtrly <input type="radio"/> Sem <input type="radio"/> |

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| Report 1 Date: | Report 2 Date: | Report 3 Date: | Report 4 Date: |
| Progress: | Progress: | Progress: | Progress: |

Comments:

Section 9 – Measurable Annual Goal(s)

| | | | |
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| Baseline | Annual Goal | Person Responsible: | Goal #: |
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| Objective 3 | Evaluation Method | Schedule |
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| Objective 4 | Evaluation Method | Schedule |
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| Report 1 Date: | Report 2 Date: | Report 3 Date: | Report 4 Date: |
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Comments:

Section 9 – Measurable Annual Goal(s)

| | | | |
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| Objective 3 | Evaluation Method | Schedule |
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| Progress: | Progress: | Progress: | Progress: |

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| Objective 4 | Evaluation Method | Schedule |
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| Report 1 Date: | Report 2 Date: | Report 3 Date: | Report 4 Date: |
| Progress: | Progress: | Progress: | Progress: |

Comments:

| Section 10 – Services: Special Education and Related Services | | | | | | | |
|--|---------------------|-----------------|----------------------------|----------------------------------|-----------------|----------------|----------------------------|
| Special Education | | Location | Starts mm/dd/yy | Ends mm/dd/yy | Provider | Minutes | Sessions a Week |
| Goal# | Service Area | | | | | | |
| | | | | | | | |
| <i>Supervised by:</i> | | | | <i>Frequency of Supervision:</i> | | | |
| | | | | | | | |
| <i>Supervised by:</i> | | | | <i>Frequency of Supervision:</i> | | | |
| | | | | | | | |
| <i>Supervised by:</i> | | | | <i>Frequency of Supervision:</i> | | | |
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| <i>Supervised by:</i> | | | | <i>Frequency of Supervision:</i> | | | |
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| <i>Supervised by:</i> | | | | <i>Frequency of Supervision:</i> | | | |
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| <i>Supervised by:</i> | | | | <i>Frequency of Supervision:</i> | | | |
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| <i>Supervised by:</i> | | | | <i>Frequency of Supervision:</i> | | | |
| | | | | | | | |
| <i>Supervised by:</i> | | | | <i>Frequency of Supervision:</i> | | | |

| Related Services | | Location | Starts mm/dd/yy | Ends mm/dd/yy | Provider | Minutes | Sessions a Week |
|-------------------------|---------------------|-----------------|----------------------------|----------------------------------|-----------------|----------------|----------------------------|
| Goal# | Service Area | | | | | | |
| | | | | | | | |
| <i>Supervised by:</i> | | | | <i>Frequency of Supervision:</i> | | | |
| | | | | | | | |
| <i>Supervised by:</i> | | | | <i>Frequency of Supervision:</i> | | | |
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| <i>Supervised by:</i> | | | | <i>Frequency of Supervision:</i> | | | |
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| <i>Supervised by:</i> | | | | <i>Frequency of Supervision:</i> | | | |
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| <i>Supervised by:</i> | | | | <i>Frequency of Supervision:</i> | | | |
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| <i>Supervised by:</i> | | | | <i>Frequency of Supervision:</i> | | | |
| | | | | | | | |
| <i>Supervised by:</i> | | | | <i>Frequency of Supervision:</i> | | | |

Section 11 – Justification and Placement in the Least Restrictive Environment

| | | |
|---|---------------------------------------|--|
| Select the age range for this student: | <input type="radio"/> 3 to 5 year old | <input type="radio"/> 6 to 21 year old |
| Total hours in the school week for this student: | | Total in Minutes: |
| Time outside of the regular education environment: | | Special Ed Percentage: |
| Time inside the regular education environment*: | | Regular Ed Percentage: |

* even if special education services are being provided

| | |
|--|--|
| 6 to 21 year old – (##) represents the OASIS reporting code | |
| <input type="radio"/> | (28) Inside regular class 80% or more of the day |
| <input type="radio"/> | (29) Inside regular class 40% - 79% of the day |
| <input type="radio"/> | (30) Inside regular class less than 40% of the day |
| <input type="radio"/> | (31) Separate school facility |
| <input type="radio"/> | (32) Residential facility |
| <input type="radio"/> | (33) Homebound/Hospital |
| <input type="radio"/> | (34) Served in a correctional facility |
| <input type="radio"/> | (35) Parentally placed in a private school |

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| 3 to 5 year old | |
| <input type="radio"/> | (40) Attends a regular early childhood program at least 10 hours per week and receives the majority of hours of special education and related services in the regular early childhood program |
| <input type="radio"/> | (41) Attends a regular early childhood program at least 10 hours per week and receives the majority of hours of special education and related services in some other location |
| <input type="radio"/> | (42) Attends a regular early childhood program less than 10 hours per week and receives the majority of hours of special education and related services in the regular early childhood program |
| <input type="radio"/> | (43) Attends a regular early childhood program less than 10 hours per week and receives the majority of hours of special education and related services in some other location |
| <input type="radio"/> | (44) Attends a special education program in a separate special education class (not in any regular early childhood program) |
| <input type="radio"/> | (45) Attends a special education program in a separate school (not in any regular early childhood program) |
| <input type="radio"/> | (46) Attends a special education program in a residential facility (not in any regular early childhood program) |
| <input type="radio"/> | (47) Attends neither a regular early childhood program nor a special education program and receives the majority of hours of special education and related services at home |
| <input type="radio"/> | (48) Attends neither a regular early childhood program nor a special education program and receives the majority of hours of special education and related services at the service provider location or some other location not in any other category |

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| PLACEMENT CONSIDERATIONS | |
| 1. Is this placement based on the student’s educational needs documented in this IEP? | <input type="radio"/> YES <input type="radio"/> NO |
| 2. Is the student able to be satisfactorily educated in the general education environment for the entire school day? | <input type="radio"/> YES <input type="radio"/> NO |
| 3. If removal from the regular environment is necessary, is it based on the nature and severity of the student’s disability and not the need for modifications in the general curriculum? | <input type="radio"/> N/A <input type="radio"/> YES <input type="radio"/> NO |
| 4. Is the educational placement as close as possible to the student’s home? | <input type="radio"/> YES <input type="radio"/> NO |
| 5. Is the educational placement in the school the student would attend if the student did not have a disability? | <input type="radio"/> YES <input type="radio"/> NO |
| 6. Did the IEP team consider any potential harmful effect of the educational placement? | <input type="radio"/> YES <input type="radio"/> NO |
| 7. Does the student have the opportunity to participate in extracurricular and nonacademic events with nondisabled students? | <input type="radio"/> YES <input type="radio"/> NO |

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| Justification for removing of the student from the regular education environment (address any “no” response): |
| |

DISTRICT USE

- The parents were provided a copy of the IEP.
- All required team members were in attendance (or were excused by the parent).
- The parents were provided the Procedural Safeguards (parents' rights in special education).
- The parents agreed to implement the IEP on the dates indicated in this document.
- Before or when the student turns 17: A Transfer of Rights notice was provided to the parents and student.
- When appropriate: The student was invited to the IEP meeting (required for secondary transition).

NOTES

Large empty rectangular box for notes.

IEP - NOTICE REQUIREMENTS AND PROCEDURAL SAFEGUARDS

WRITTEN NOTICE - This form describes the information required in each of the components of written notice for an IEP meeting. The written notice includes the IEP as a description of the proposed action and a description of the procedures and factors used in determining the proposed action.

Describe the proposed action and explain why the district has taken such action:

The attached IEP describes the proposed program and placement and was developed:

- | | |
|---|---|
| <input type="radio"/> as a result of an initial evaluation and eligibility determination. | <input type="radio"/> as a result of an annual review. |
| <input type="radio"/> in response to a parental request. | <input type="radio"/> as a result of a reevaluation. |
| <input type="radio"/> to review the behavioral intervention plan. | <input type="radio"/> to propose a change in placement. |
| <input type="radio"/> other: | |

Describe the evaluation procedure, test, record or report used in deciding the proposed or refused action:

Describe any other options considered, if any, and the reasons for rejecting them:

If applicable, describe any other factors that are relevant to the proposal or refusal:

PROCEDURAL SAFEGUARDS - As the parent of a student (or an adult student) who is, or may be determined, eligible for special education services, you have rights regarding identification, evaluation, classification, development of an IEP, placement and the provision of a free and appropriate public education under the Alaska Administrative Code (4 AAC Chapter 52). A description of these rights, which are called procedural safeguards, is contained in the document, *Notice of Procedural Safeguards*. This document is published by the Alaska Department of Education. A copy may be obtained from the school district, the individual listed below, or can be found online at: <http://education.alaska.gov/tls/sped>

To obtain the *Notice of Procedural Safeguards*, your parental rights for special education, please contact:

School Representative's Name

Phone Number

For help in understanding your rights, you may contact any of the following:

STONE SOUP GROUP
 307 E. Northern Lights Blvd, #100
 Anchorage, AK 99503
 (907) 561-3701 – In Anchorage
 (877) 786-7327 – Toll Free
 (907) 561-3702 – Fax
www.stonesoupgroup.org

DISABILITY LAW CENTER
 3330 Arctic Blvd., Ste. 103
 Anchorage, AK 99503
 (907) 565-1002 – In Anchorage
 (800) 478-1234 – Toll Free
 (907) 564-1000 – Fax
www.dlcak.org

AK DEPARTMENT OF EDUCATION AND EARLY DEVELOPMENT
 801 W. 10th St., Ste. 200, PO Box 110500
 (907) 465-8693 – Phone
 (907) 465-2815 - TTY/TTD
 (907) 465-2806 – Fax
<http://education.alaska.gov/tls/sped/>