



Individual Education Program (IEP)

From: 06/15/2016 **To:** 06/15/2017

Annual Addendum

Student Information

Student: Student (first) Test (last) **Birthdate:** 05/01/2006 **Grade:** 5th Grade

Student ID: TEST001 **Gender:** F **Hispanic Ethnicity:** No **Race:** American Indian or Alaska Native

School: Sample School

District: Tennessee Reference System

Primary Disability:	Other - Health Impairments	Re-evaluation of Eligibility Date:	06/15/2019
Secondary Disability:	None		

Medical Information: Medical summary

Relationship to Student: Both Parents/Guardian

Name: Test Parents

Address: Test Rd, Test, TN, 37000

Home Phone:

Current Descriptive Information

Describe the student's strengths:
Strengths

Describe the concerns of the parents regarding their student's education:
Parent concerns

Describe how the student's disability adversely impacts his/her access to participation in the general curriculum:
Adverse impact statement

Present Levels of Performance

Levels of functioning, should when applicable, include norm referenced and/or criterion referenced data, as well as descriptive information of the student's deficit areas.

Assessment Area: PL-Academics-Basic Reading Skills

EXCEPTIONAL? Yes

Present Level of Performance: The student's current performance is _____.

Impact of Mastery of Standards: The deficit impacts the mastery of grade level standards in the following way: _____.

Source of Information: Wechsler Individual Achievement Test-Third Edition (WIAT-III)

SubTest: Total Reading Composite	Date Administered: 06/15/2016	Std. Score - 55 Percentile Rank - 8
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SubTest: Basic Reading Composite	Date Administered: 06/15/2016	Std. Score - 10 Percentile Rank - 2
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SubTest: Oral Reading Fluency	Date Administered: 06/15/2016	Std. Score - 40 Percentile Rank - 9
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Assessment Area: PL-Academics-Oral Expression

EXCEPTIONAL? Yes

Present Level of Performance: The student's current performance is _____.

Impact of Mastery of Standards: The deficit impacts the mastery of grade level standards in the following way: _____.

Source of Information: Gray Oral Reading Tests-Fifth Edition (GORT-5)

Student Name: Student Test
DOB: 05/01/2006

SubTest: Rate

Date Administered: 06/15/2016

Score - 20

Assessment Area: PL-Pre-vocational

EXCEPTIONAL? No

Present Level of Performance: Performance

Impact of Mastery of Standards:

Source of Information: Adaptive - Adaptive Behavior Assessment System-Second Edition (ABAS-II) Parent

SubTest: General Adaptive Composite

Date Administered: 06/15/2016

Grade Equiv. - 10

Consideration of Special Factors for IEP Development

Does the student have limited English proficiency? No
If yes, what is his/her primary mode of language?

Is the student blind or visually impaired? No
If yes, does the student need instruction in Braille?

Does the student have communication needs? No
If yes, what are they? N/A

Is the student deaf or hard of hearing? No
If yes, did the IEP Team consider:
a. the student's language and communication needs; N/A
b. opportunities for direct communications with peers and professional personnel in the student's language and communication mode; N/A
c. necessary opportunities for direct instruction in the student's language and communication mode? N/A

Is assistive technology necessary in order to implement the student's IEP? No
If yes, what is needed? N/A

Does the student's behavior impede his/her learning or that of others? No
If yes, the IEP Team has addressed the student's behavior in the following way(s):
 Functional Behavior Assessment Behavior Intervention Plan Accommodations
 Goals and Objectives Other (write in) _____

Does the student demonstrate cognitive processing deficits that impact his/her classroom performance and warrant consideration in the development of the IEP (i.e. accommodation use)? No
If you chose "Yes," please explain: N/A

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

Goal 1 of 2

Area of Need: Academics-Basic Reading Skills

Personnel/Position Responsible: Teacher

Annual Goal: Given _____(condition/materials/setting/accommodation), _____(student name) will _____(do what measurable/ observable skill/behavior in functional terms), _____(to what extent/how well to determine mastery), _____(#of times/frequency/how consistently), by _____(how often) evaluated/determined by _____(measure).

Program Modifications/Supports for School Personnel:

Modifications

Goal 2 of 2

Area of Need: Academics-Oral Expression

Personnel/Position Responsible: Teacher

Annual Goal: Given _____(condition/materials/setting/accommodation), _____(student name) will _____(do what measurable/ observable skill/behavior in functional terms), _____(to what extent/how well to determine mastery), _____(#of times/frequency/how consistently), by _____(how often) evaluated/determined by _____(measure).

Program Modifications/Supports for School Personnel:

Modifications

Supplementary Aids/Services and Support for the child:

NA

Student Name: Student Test
DOB: 05/01/2006

Program Participation

State/District Mandated Tests

Student will participate in the following state/district mandated assessment(s):

Achievement

EOC

Tennessee Alternate Assessment

TCAP Science Achievement (Grades 3-8)

TCAP Social Studies Achievement (Grades 3-8)

TCAP TNReady English/Language Arts Achievement (Grades 3-8)

TCAP TNReady Mathematics Achievement (Grades 3-8)

WIDA Access

WIDA Access (Alternate)

ACT

EXPLORE

PLAN

District Assessment:

A. No Accommodations

B. Allowable Accommodations

C. Special Accommodations

D. ELL Accommodations

E. SAT 10 Accommodations

TCAP Accommodations

Accommodations listed must be provided in general and special education classroom instruction, classroom testing, and for the specific assessment(s) listed below

TCAP TNReady English/Language Arts Achievement (Grades 3-8)

Allowable Accommodations

- Adult Transcription
- Speech-to-Text

Special Education and Related Services

Direct Special Education

Type of Service	Provider Title	Sessions Per	Time Per Session	Hours Per Week	Beginning-Ending Dates	Location of Services
Academics		5 Per week	30 min	2 hrs and 30 mins	06/15/2016-06/15/2017	Special Ed Setting

Related Service(s), including Instruction from Specialized Personnel

Type of Service	Provider Title	Sessions Per	Time Per Session	Hours Per Week	Beginning-Ending Dates	Location of Services
Speech/Language Therapy		1 Per week	20 min	0 hrs and 20 mins	06/15/2016-06/15/2017	Special Ed Setting

Total Special Ed Minutes by Date Range		
Begin Date	End Date	Minutes per Week
06/15/2016	06/15/2017	170

Note: Service Dates apply during the normal school year, not ESY, unless specified.

LRE and General Education

Explain the extent, if any, in which the student **will not** participate with non-disabled peers in:

1. the regular class: xxx
2. extracurricular and nonacademic activities: xxx
3. and/or, his/her LEA Home School: xxx

Special Transportation

No Special Transportation.

Extended School Year

On 06/15/2016 the IEP Team determined that Extended School Year (ESY) is not required.

IEP Participants

The following individuals attended the IEP Team and participated in the development of this Individualized Education Program.

Position	Signature	In Agreement	Date
Test Parents 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	_____
Interpreter of Evaluation Results	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Informed Parental Consent

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I certify that I am the legal parent(s)/guardian(s)/surrogate(s) of this child. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have been informed of and understand my rights as a parent, and have received a copy of the notice of procedural safeguards. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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
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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