

# Virginia Department of Education's Sample IEP Form

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The Virginia Department of Education does not require that schools use this sample IEP format; it is offered as a best practice example. The sample IEP form is divided into two sections. The first section includes those pages that are the foundation of all IEPs. The second section includes those pages that will be added to the IEP as needed and sample formats for other purposes.

### **SECTION 1: Foundation of All IEPs**

- **Cover Page:** This page contains general information about the student and documentation of those individuals who participated in the development of the IEP. (page 3 )
- **Factors for IEP Team Considerations:** This form may be used to document the consideration and decisions made around factors that the team must consider during the process of developing the IEP. The documentation of these considerations, while not required, is best practice. However, all members of the IEP team must be aware of the factors that need to be considered by the IEP team during the development of the IEP. (page 4)
- **Present Level of Performance** (pages 5, 6)
- **Participation in State Accountability/Assessment System, Diploma and Transition Status** (page 7)
- **Measurable Annual Goals, Progress Reports** (page 8)
- **Objectives/Benchmarks** (page 9)
- **Services, Least Restrictive Environment, Placement** (page 10)
- **Services, continued - Accommodations/Modifications** (page 11)
- **Services, continued - Participation in State and District-Wide Assessments** (page 12)
- **Services, continued – Placement** (page 13)
- **Prior Notice/Consent** (page 14)

## **SECTION 2: Additional Forms as Needed**

- **IEP Process Checklist** – This is an example list that can be used to facilitate the IEP process. (page 16)
- **Cover Page – Medicaid Eligible Students:** This page contains general information about the student and documentation of those individuals who participated in the development of the IEP and assists in meeting the documentation requirements for Medicaid students for which services are billed. (page 17)
- **Present Level of Performance, continued:** additional blank pages to be used as needed. (page 18)
- **Short Term Objectives or Benchmarks:** additional blank pages to be used as needed. (page 19)
- **Progress Report Comments:** This page can be used to provide comments on progress report codes. (page 20)
- **Secondary Transition:** This form includes student’s postsecondary goals and transition services needed to facilitate movement from school to post-school activities beginning not later than the first IEP to be in effect when the child is age 16. This form, when needed, follows the *Present Level of Performance* and is before the *Measurable Annual Goals – Short-Term Objectives and/or Benchmarks – Services*. (page 21)
- **Secondary Transition Interagency Responsibilities & Needed Linkages:** This page addresses referrals to other agencies. (page 22)
- **Summary of Performance:** This format may be used to provide the student, prior to graduating or exceeding the age of eligibility, with a summary of his/her academic achievement and functional performance, including recommendations on how to assist the student in meeting postsecondary goals. (page 23)
- **Extended School Year Services:** This page addresses services beyond the normal school year/day, if needed. (page 24)
- **Virginia’s Standards of Learning Assessments (SOL), and Virginia Alternate Assessment Program (VAAP):** This page addresses a student’s participation and accommodations needed when participating in this part of Virginia’s State Assessment System. This should follow the *Accommodations/Modifications* section of the IEP. (page 25)
- **Virginia Grade Level Alternative (VGLA) and Virginia Substitute Evaluation Program (VSEP) Participation Criteria** (page 26)
- **Virginia Alternate Assessment Program (VAAP) Participation Criteria:** A student must meet the participation criteria to participate in the VAAP. This page is used to document the IEP team’s consideration and decision. (pages 27, 28)
- **District-wide Assessments:** This page address a student’s participation and accommodations needed when participating in district-wide assessments. This should follow the *Accommodations/Modifications* section of the IEP. (page 29)
- **Placement Decision, Continued:** Additional page to be used as needed. (page 30)
- **Prior Notice (including Refusals):** (pages 31, 32)

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)  
COVER PAGE**

Student Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Student ID Number \_\_\_\_\_ Grade \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age\* \_\_\_\_\_ Disability(ies) (if identified) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_ Phone # (H) (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Phone # (W) (\_\_\_\_) \_\_\_\_\_

Most recent eligibility date.....\_\_\_\_/\_\_\_\_/\_\_\_\_

Most recent re-evaluation date .....\_\_\_\_/\_\_\_\_/\_\_\_\_

Next re-evaluation must occur before this date .....\_\_\_\_/\_\_\_\_/\_\_\_\_

Date of IEP meeting.....\_\_\_\_/\_\_\_\_/\_\_\_\_

This IEP will be reviewed no later than this date.....\_\_\_\_/\_\_\_\_/\_\_\_\_

Date parent notified of IEP meeting.....\_\_\_\_/\_\_\_\_/\_\_\_\_

Date student notified of IEP meeting (if secondary transition will be discussed).....\_\_\_\_/\_\_\_\_/\_\_\_\_

Copy of IEP given to parent/student by (Name) \_\_\_\_\_ On (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_

IEP Teacher/Manager \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

**PARTICIPANTS INVOLVED:**

**The list below indicates that the individual participated in the development of this IEP and the placement decision; it does not authorize consent. Parent or student (age 18 or older) consent is indicated on the "Prior Notice/Consent" page.**

**NAME OF PARTICIPANT**

**POSITION**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

\* The student must be informed at least one year prior to turning 18 that the IDEA procedural safeguards (rights) transfer to him/her at age 18 and be provided with an explanation of those procedural safeguards.

Date informed \_\_\_\_/\_\_\_\_/\_\_\_\_

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**FACTORS FOR IEP TEAM CONSIDERATION**

Student Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Student ID Number \_\_\_\_\_

During the IEP meeting the following factors must be considered by the IEP team. Best practice suggests that the IEP team document that the factors were considered and any decision made relative to each. The factors are addressed in other sections of the IEP if not documented on this page. (for example: see Present Level of Performance)

1. The strengths of the student and the concerns of the parents for enhancing the education of their child;  
\_\_\_\_\_  
\_\_\_\_\_

2. The results of the initial evaluation or most recent evaluation of the student including state and district-wide assessments:  
\_\_\_\_\_  
\_\_\_\_\_

3. The communication needs of the student;  
\_\_\_\_\_  
\_\_\_\_\_

4. The student's assistive technology devices and services needs;  
\_\_\_\_\_  
\_\_\_\_\_

5. In the case of a **student whose behavior impedes his or her learning or that of others**, consider, when appropriate, strategies, including the use of positive behavioral interventions and supports, and other strategies to address that behavior;  
\_\_\_\_\_  
\_\_\_\_\_

6. In the case of a **student with limited English proficiency**, consider the language needs of the child as such needs relate to the child's IEP;  
\_\_\_\_\_  
\_\_\_\_\_

7. In the case of a **student who is blind or has a visual impairment**, provide for instruction in Braille and the use of Braille unless the IEP team determines, after an evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the student's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is not appropriate for the student; and  
\_\_\_\_\_  
\_\_\_\_\_

8. In the case of a **student who is deaf or hard of hearing**, consider the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode.  
\_\_\_\_\_  
\_\_\_\_\_

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**PRESENT LEVEL OF PERFORMANCE**

Student Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Student ID Number \_\_\_\_\_

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The Present Level of Performance describes the effect of the student's disability on the student's involvement and progress in the general education curriculum and area(s) of need. This includes the student's performance in academic areas (reading, math, science, history/social sciences, etc.) and functional areas (socialization, communication, behavior, personal management, self-determination, etc.). Test scores should include an explanation. For preschool age students this section should include how the student's disability affects the student's participation in appropriate activities. There should be a direct relationship between the present level of performance and the other components of the IEP.

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**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**PRESENT LEVEL OF PERFORMANCE, Continued**

Student Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Student ID Number \_\_\_\_\_

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**PRESENT LEVEL OF PERFORMANCE, continued.**

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**PARTICIPATION IN THE STATE ACCOUNTABILITY/ASSESSMENT SYSTEM,  
DIPLOMA, AND TRANSITION STATUS**

Student Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Student ID Number \_\_\_\_\_

**PARTICIPATION IN THE STATE ACCOUNTABILITY/ASSESSMENT SYSTEM:** Discuss annually. If this is a testing year, based on the present level of performance, is this student being considered for participation in the Virginia Alternate Assessment Program (VAAP), which is based on Aligned Standards of Learning?  **No**  **Yes**

If yes, complete the “VAAP Participation Criteria” prior to making this decision.

Does the student meet the VAAP participation criteria?  **No**  **Yes**

If yes, refer to the Aligned Standards of Learning for developing annual goals and short-term objectives or benchmarks.

**DIPLOMA STATUS:** Discuss annually. This student is a candidate for a:

- Advanced Studies Diploma
- Standard Diploma
- Modified Standard Diploma\*
- Special Diploma
- GED Certificate (General Educational Development - only for those who meet requirements of the GED program)
- Certificate of Program Completion
- Not discussed at this time

**Projected Graduation/Exit Date:** \_\_\_\_\_

Is the student projected to graduate/exit school this year?  **No**  **Yes**

If yes, inform the student and parents that a *Summary of Performance* will be provided prior to graduating/exiting school.

\*Selecting the Modified Standard Diploma option is determined by the IEP team and the student, where appropriate, at any point after the student’s eighth grade year. In pursuing a Modified Standard Diploma, the IEP team shall consider the student’s need for occupational readiness upon school completion, including consideration of courses to prepare the student as a career and technical education program completer.

**NOTE:**

Special education and related services end upon receiving an Advanced Studies Diploma or Standard Diploma. If the student receives a Modified Standard Diploma, Special Diploma, Certificate of Program Completion, or a GED Certificate, the student remains entitled to a free appropriate public education through age 21.

**SECONDARY TRANSITION STATUS:** Discuss annually beginning the year prior to entering high school course work, or younger. This must be discussed beginning not later than the first IEP to be in effect when the student is age 16.

Is secondary transition being addressed?  **No**  **Yes**

If yes, complete the “Secondary Transition” pages before developing measurable annual goals.

Will the student be graduating or exceeding the age of eligibility this year?  **No**  **Yes**

If yes, a *Summary of Performance* must be provided to the student prior to graduating or exceeding the age of eligibility.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**MEASURABLE ANNUAL GOALS, PROGRESS REPORT**

Student Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Student ID Number \_\_\_\_\_ Area of Need \_\_\_\_\_

# 1 **MEASURABLE ANNUAL GOAL:**

**How will progress toward this annual goal be measured? (check all that apply)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Classroom Participation | <input type="checkbox"/> Observation       | <input type="checkbox"/> Criterion-referenced test: _____ |
| <input type="checkbox"/> Checklist               | <input type="checkbox"/> Special Projects  | <input type="checkbox"/> Norm-referenced test: _____      |
| <input type="checkbox"/> Classwork               | <input type="checkbox"/> Tests and Quizzes | <input type="checkbox"/> Other: _____                     |
| <input type="checkbox"/> Homework                | <input type="checkbox"/> Written Reports   |   |

**Progress on this goal will be reported using the following codes. Comments may be attached using optional progress report comment form.**

**SP** -The student is making **Sufficient Progress** to achieve this annual goal within the duration of this IEP.

**IP** -The student has demonstrated **Insufficient Progress** to meet this annual goal and may not achieve this goal within the duration of this IEP.

**ES** - The student demonstrates **Emerging Skill** but may not achieve this goal within the duration of this IEP.

**NI** -The student has **Not** been provided **Instruction** on this goal.

**M** -The student has **Mastered** this annual goal.

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| <b>Anticipated Date of Progress Report</b> |  |  |  |  |  |  |
| <b>Actual Date of Progress Report</b>      |  |  |  |  |  |  |
| <b>Progress Code</b>                       |  |  |  |  |  |  |



**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**SHORT TERM OBJECTIVES / BENCHMARKS**

Student Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Student ID Number \_\_\_\_\_ Goal # \_\_\_\_\_ Area of Need: \_\_\_\_\_

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**Short Term Objectives or Benchmarks, as needed**

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Objective/Benchmark # \_\_\_\_\_

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Objective/Benchmark # \_\_\_\_\_

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Objective/Benchmark # \_\_\_\_\_

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Objective/Benchmark # \_\_\_\_\_

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**SERVICES – LEAST RESTRICTIVE ENVIRONMENT – PLACEMENT**

Student Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Student ID Number \_\_\_\_\_

**Least Restrictive Environment (LRE)**

When discussing the least restrictive environment and placement options, the following must be considered:

- To the maximum extent appropriate, the student is educated with children without disabilities.
- Special classes, separate schooling or other removal of the student from the regular educational environment occurs only when 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.
- The student’s placement should be as close as possible to the child’s home and unless the IEP of the student with a disability requires some other arrangement, the student is educated in the school that he or she would attend if he or she did not have a disability.
- In selecting the LRE, consideration is given to any potential harmful effect on the student or on the quality of services that he/she needs.
- The student with a disability is not removed from education in age-appropriate regular classrooms solely because of needed modifications in the general curriculum.

**Free Appropriate Public Education (FAPE)**

When discussing FAPE for this student, it is important for the IEP team to remember that FAPE may include, as appropriate:

- Educational Programs and Services
- Proper Functioning of Hearing Aids
- Assistive Technology
- Transportation
- Nonacademic and Extracurricular Services and Activities
- Physical Education
- Extended School Year Services
- Length of School Day

**SERVICES:** Identify the service(s), including frequency, duration and location, that will be provided to or on behalf of the student in order for the student to receive a free appropriate public education. These services are the special education services and as necessary, the related services, supplementary aids and services based on peer-reviewed research to the extent practicable, assistive technology, supports for personnel, accommodations and/or modifications\* and extended school year services\* the student will receive that will address area(s) of need as identified by the IEP team. Address any needed transportation and physical education services including accommodations and/or modifications.

| Service(s) | Frequency | Location | Duration<br>m/d/y to m/d/y |
|------------|-----------|----------|----------------------------|
|            |           |          |                            |
|            |           |          |                            |
|            |           |          |                            |
|            |           |          |                            |
|            |           |          |                            |
|            |           |          |                            |

\*These services are listed on the “Accommodations/Modifications” page and “Extended School Year Services” page, as needed.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**SERVICES – LEAST RESTRICTIVE ENVIRONMENT – PLACEMENT, Continued**

**ACCOMMODATIONS/MODIFICATIONS**

Student Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Student ID Number \_\_\_\_\_

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This student will be provided access to general education classes, special education classes, other school services and activities including nonacademic activities and extracurricular activities, and education related settings:

\_\_\_ with no accommodations/modifications

\_\_\_ with the following accommodations/modifications

Accommodations/modifications provided as part of the instructional and testing/assessment process will allow the student equal opportunity to access the curriculum and demonstrate achievement. Accommodations/modifications also provide access to nonacademic and extracurricular activities and educationally related settings. Accommodations/modifications based solely on the potential to enhance performance beyond providing equal access are inappropriate.

Accommodations may be in, but not limited to, the areas of time, scheduling, setting, presentation and response. The impact of any modifications listed should be discussed, including the earning of credits for graduation.

**ACCOMMODATIONS/MODIFICATIONS** (list, as appropriate)

| <b>Accommodation(s)/Modification(s)</b> | <b>Frequency</b> | <b>Location</b> | <b>Duration</b> |
|---|------------------|-----------------|-----------------|
|   |                  |                 |                 |
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**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**SERVICES – LEAST RESTRICTIVE ENVIRONMENT – PLACEMENT, Continued**

**PARTICIPATION IN STATE AND DISTRICT-WIDE ASSESSMENTS**

Student Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Student ID Number \_\_\_\_\_

**STATE AND DISTRICT-WIDE ASSESSMENTS**

This student’s participation in state or district-wide assessments must be considered and discussed. During the duration of this IEP:

|  |              |
|--|--------------|
| Will the student be at an age or a grade level for which the student is eligible to participate in a state or district-wide assessment?                | ___No ___Yes |
| Will the student be enrolled in a course for which there is a SOL End-of-Course test or district-wide assessment?                                      | ___No ___Yes |
| Will the student be participating in a SOL remediation recovery program?   | ___No ___Yes |
| Will the student need to take a state assessment as a requirement to earn an Advanced Studies Diploma, Standard Diploma, or Modified Standard Diploma? | ___No ___Yes |

**If Yes to any of the above, check the assessment(s) considered and attach the assessment page(s), which will document the assessments and decisions made about participation and any needed accommodations and/or modifications.**

**State Assessments:**

- \_\_\_ SOL Assessments and retake (SOL)
- \_\_\_ Virginia Grade Level Alternative (VGLA)\*
- \_\_\_ Virginia Substitute Evaluation Program (VSEP)\*
- \_\_\_ Virginia Alternate Assessment Program (VAAP)\*\*
- \_\_\_ Other State Approved Substitute(s): \_\_\_\_\_

**District-wide Assessment**

(List):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* Refer to Procedures for Determining Participation in the Assessment Component of Virginia’s Accountability System and the Procedural Manuals for VGLA and VSEP.

\*\*Refer to Virginia Alternate Assessment Program (VAAP) Participation Criteria and Procedural Manual.

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

### SERVICES – LEAST RESTRICTIVE ENVIRONMENT – PLACEMENT, Continued

Student Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Student ID Number \_\_\_\_\_

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### PLACEMENT

The team may consider placement options in conjunction with discussing any needed supplementary aids and services, accommodations/modifications, assistive technology, and supports for school personnel. In considering the placement continuum options, check those the team discussed. Then, describe the placement selected in the **PLACEMENT DECISION** section below. Determination of the Least Restrictive Environment (LRE) and placement may be one or a combination of options along the continuum.

#### **Placement Continuum Options Considered:**

##### **Services provided in:**

- general education class(es)
- special class(es)
- special education day school
- state special education program / school
- residential facility
- home-based
- hospital
- other (describe):

#### **PLACEMENT DECISION:**

Based upon identified services and the consideration of least restrictive environment (LRE) and placement continuum options, describe in the space below the placement. Additionally, summarize the discussions and decision around LRE and placement. This must include an explanation of why the student **will not** be participating with students without disabilities in the general education class(es), programs, and activities. Attach additional pages as needed.

#### **Placement Description:**

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**PRIOR NOTICE/CONSENT**

Student Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Student ID Number \_\_\_\_\_

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**PRIOR NOTICE OF IEP AND PLACEMENT DECISION**

The school division proposes to implement this IEP and the placement decision as written. This proposed IEP and placement will allow the student to receive a free appropriate public education in the least restrictive environment. This decision is based upon a review of current records, current assessments and the student's performance as documented in the Present Level of Performance. Other options considered, if any, and the reason for their rejection are attached, or can be found in the Placement Decision section of this IEP. Additionally, other factors, if any, that are relevant to this proposal are attached. Parent and adult student rights are explained in the Procedural Safeguards. If you, the parent(s) and adult student, need another copy of the Procedural Safeguards or need assistance in understanding this information please contact

\_\_\_\_\_ at (\_\_\_\_) \_\_\_\_\_ or e-mail \_\_\_\_\_ or  
\_\_\_\_\_ at (\_\_\_\_) \_\_\_\_\_ or e-mail \_\_\_\_\_ .

\_\_\_\_ Parent(s) initials here indicate that the parent(s) has read the above prior notice and attachments, if any, before giving permission to implement this IEP and the placement decision.

**PARENT/ADULT STUDENT CONSENT:** Indicate your response by checking the appropriate space and sign below.

\_\_\_ I give permission to implement this IEP and the placement decision.

\_\_\_ I do not give permission to implement this IEP and the placement decision.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent Signature or Adult Student Signature (if appropriate) Date

**TRANSFER OF RIGHTS AT THE AGE OF MAJORITY (age 18):**

Indicate the date that the student and parent were informed of the transfer of parental rights under IDEA to the adult student at the age of 18. This must occur at least one year prior to the age of 18.

\_\_\_\_\_  
Date School Official Signature

I was informed of the parental rights under IDEA and that these rights transfer to me at age 18.

\_\_\_\_\_  
Date Student Signature

I was informed of the parental rights under IDEA that transfer to my child at age 18.

\_\_\_\_\_  
Date Parent Signature

**SECTION 2**

**Additional Forms**

**To Be Used**

**As Needed**

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

### PROCESS CHECKLIST

- Welcome and introductions of team members**
- Review purpose of meeting**
- Review rights and procedural safeguards pertaining to special education and the IEP meeting**
- Review of special factors to be considered by the IEP team**
- Develop present level of performance**
- Determine if Virginia Alternate Assessment Program (VAAP) is a consideration**  
(VAAP Participation Criteria must be completed to make this decision.)
- Discuss school graduation/exit and secondary transition status**
- Develop measurable annual goals**  
(Discuss progress report on previous annual goals, as needed.)
- Determine progress report schedule**
- Develop short-term objectives or benchmarks for the annual goals, as needed**
- Determine any needed accommodations and/or modifications in instruction and assessment**
- Determine participation in state and district-wide assessments**
- Determine postsecondary goals and transition services** (beginning no later than the year student turns age 16, or younger)
- Determine services and placement**
- Review what is being proposed**
- Review what has been refused**
- Provide written prior notice and obtain parental (or adult student) consent**
- Identify how staff will be informed of their responsibilities for implementation of the IEP**



**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**COVER PAGE – MEDICAID ELIGIBLE STUDENTS**

Student Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Student ID Number \_\_\_\_\_ Medicaid # \_\_\_\_\_ Grade \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age\* \_\_\_\_\_ Disability(ies) (if identified) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_ Phone # (H) (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Phone # (W) (\_\_\_\_) \_\_\_\_\_

Most recent eligibility date.....\_\_\_\_/\_\_\_\_/\_\_\_\_

Most recent re-evaluation date .....\_\_\_\_/\_\_\_\_/\_\_\_\_

Next re-evaluation must occur before this date .....\_\_\_\_/\_\_\_\_/\_\_\_\_

Date of IEP meeting.....\_\_\_\_/\_\_\_\_/\_\_\_\_

This IEP will be reviewed no later than this date.....\_\_\_\_/\_\_\_\_/\_\_\_\_

Date parent notified of IEP meeting.....\_\_\_\_/\_\_\_\_/\_\_\_\_

Date student notified of IEP meeting (if secondary transition will be discussed).....\_\_\_\_/\_\_\_\_/\_\_\_\_

Copy of IEP given to parent/student by (Name) \_\_\_\_\_ On (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_

IEP Teacher/Manager \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

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**PARTICIPANTS INVOLVED:**

The list below indicates that the individual participated in the development of this IEP and the placement decision; it does not authorize consent. Parent or student (age 18 or older) consent is indicated on the “ Prior Notice/Consent” page.

**NAME OF PARTICIPANT POSITION**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**For Medicaid Eligible Students Only – Required for Billable Services**

Physician Name \_\_\_\_\_ ICD9 Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Medicaid Discharge Plan/Disposition \_\_\_\_\_

**\*The student must be informed at least one year prior to turning 18 that the IDEA procedural safeguards (rights) transfer to him/her at age 18 and be provided with an explanation of those procedural safeguards . Date informed \_\_\_\_/\_\_\_\_/\_\_\_\_**

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**PRESENT LEVEL OF PERFORMANCE, Continued**

Student Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Student ID Number \_\_\_\_\_

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**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**SHORT TERM OBJECTIVES OR BENCHMARKS, Continued**

Student Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Student ID Number \_\_\_\_\_ Goal # \_\_\_\_\_ Area of Need: \_\_\_\_\_

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**Short Term Objectives or Benchmarks, as needed**

---

Objective/Benchmark # \_\_\_\_

---

Objective/Benchmark # \_\_\_\_

---

Objective/Benchmark # \_\_\_\_

---

Objective/Benchmark # \_\_\_\_

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**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**PROGRESS REPORT COMMENTS**

Student Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Student ID Number \_\_\_\_\_

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Goal # \_\_\_\_ Progress Report Code \_\_\_\_

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Goal # \_\_\_\_ Progress Report Code \_\_\_\_

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Goal # \_\_\_\_ Progress Report Code \_\_\_\_

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Goal # \_\_\_\_ Progress Report Code \_\_\_\_

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Goal # \_\_\_\_ Progress Report Code \_\_\_\_

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**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**SECONDARY TRANSITION**

Student Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Student ID Number \_\_\_\_\_

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**TRANSITION SERVICES**

(Beginning no later than the IEP to be in effect at age 16, or younger)

Are the following postsecondary goals based upon age appropriate transition assessments? \_\_\_\_ **No** \_\_\_\_ **Yes**  
If yes, describe the assessments here or refer to the Present Level of Performance for this information:

---

**1. POSTSECONDARY EMPLOYMENT GOALS (including integrated employment, supported employment, and adult services):**

• Is a functional vocational evaluation needed? \_\_\_\_ **No** \_\_\_\_ **Yes**

If yes, describe: \_\_\_\_\_

• Is specially designed instruction needed? \_\_\_\_ **No** \_\_\_\_ **Yes**

If yes, describe (make sure the IEP addresses this need through goals, services, etc.):

---

**2. POSTSECONDARY EDUCATION/TRAINING GOALS (including continuing and adult education, vocational education, and adult services):**

• Is specially designed instruction needed? \_\_\_\_ **No** \_\_\_\_ **Yes**

If yes, describe (make sure the IEP addresses this need through goals, services, etc.):

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**3. INDEPENDENT LIVING/COMMUNITY PARTICIPATION GOALS (where appropriate and including adult services):**

• Is specially designed instruction needed? \_\_\_\_ **No** \_\_\_\_ **Yes**

If yes, describe (make sure the IEP addresses this need through goals, services, etc.):

---

**TRANSITION – COURSES OF STUDY**

Describe the focus of the student’s courses of study (i.e., specify the educational courses and experiences that will assist the student in achieving his/her postsecondary goals). For students pursuing a Modified Standard Diploma, consider the student’s need for occupational readiness, including courses to prepare the student as a career and technical education program completer. **(Use of local courses of study planning guide that includes the graduation requirements is recommended.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**SECONDARY TRANSITION INTERAGENCY RESPONSIBILITIES & NEEDED LINKAGES**

1. To assist in achieving post-secondary employment goals, the student will be referred to the following agency(ies) or organization(s):

AGENCY/ORGANIZATION

PERSON RESPONSIBLE FOR REFERRAL

\_\_\_\_\_

\_\_\_\_\_

Reason For Referral Including Requested Service(s):

2. To assist in achieving post-secondary education/training goals, the student will be referred to the following agency(ies) or organization(s):

AGENCY/ORGANIZATION

PERSON RESPONSIBLE FOR REFERRAL

\_\_\_\_\_

\_\_\_\_\_

Reason For Referral Including Requested Service(s):

3. To assist in achieving independent living/community participation goals, the student will be referred to the following agency(ies) or organization(s):

AGENCY/ORGANIZATION

PERSON RESPONSIBLE FOR REFERRAL

\_\_\_\_\_

\_\_\_\_\_

Reason For Referral Including Requested Service(s):

**Sample Format**

**SUMMARY OF PERFORMANCE**

**Student's Name:** \_\_\_\_\_ **Student ID #** \_\_\_\_\_

**Disability:**

**Student's Address:**

**Phone Number:**

**School/Address:**

**Phone Number:**

**Person/Position completing this report:**

**Date:** \_\_\_\_\_

**Postsecondary Goals:**

Employment:

Education/Training:

Independent Living/Community Participation:

**Current Academic Achievement:** (include courses of study)

**Current Functional Performance:**

**Recommendations for Achieving Postsecondary Goals:**

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Attached is a resource directory of community and adult service agencies.

To obtain a copy of transcripts, contact the school guidance office.

To obtain copies of Special Education documentation, contact the Office of Special Education, School Board Office.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**EXTENDED SCHOOL YEAR SERVICES (ESY)**

Student Name \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Page \_\_\_ of \_\_\_

Student ID Number \_\_\_\_\_

Summarize the IEP team's discussions and decision about ESY:

If ESY services are to be provided identify which goals in the current IEP will be addressed by the ESY services:

Identify the Extended School Year services needed to meet these goals:

| <b>ESY Service(s)</b> | <b>Frequency</b> | <b>Location</b> | <b>Duration<br/>m/d/y to m/d/y</b> |
|-----------------------|------------------|-----------------|------------------------------------|
|                       |                  |                 |                                    |
|                       |                  |                 |                                    |
|                       |                  |                 |                                    |
|                       |                  |                 |                                    |



**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**VIRGINIA'S STANDARDS OF LEARNING ASSESSMENTS**

Student Name \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Page \_\_\_ of \_\_\_

Student ID Number \_\_\_\_\_

**PARTICIPATION IN THE STANDARDS OF LEARNING (SOL) ASSESSMENTS**

For the student who will be (1) in a grade level for which the student is eligible to participate in the SOL Assessment; (2) enrolled in a course for which there is an SOL end-of-course test; (3) participating in a remediation recovery program **or** (4) needs to take a SOL Assessment as a requirement to earn a Modified Standard Diploma, Standard Diploma or Advanced Studies Diploma; **and** (5) is not participating in the Virginia Alternate Assessment Program (VAAP), **list each test below**. Next determine if the student will participate in the SOL test and then list the accommodation(s) that will be made based upon those the student generally uses during classroom instruction and assessment.

**State Assessments:**

- \_\_\_ SOL Assessments and retake (Regular SOL Tests)
- \_\_\_ Virginia Grade Level Alternative Assessment (VGLA)\*
- \_\_\_ Virginia Substitute Evaluation Program (VSEP)\*
- \_\_\_ Virginia Alternate Assessment Program (VAAP)\*\*
- \_\_\_ Other State Approved Substitute(s): \_\_\_\_\_

\*Refer to *Procedures for Determining Participation in the Assessment Component of Virginia's Accountability System and Procedural Manuals*.

\*\*Refer to Virginia Alternate Assessment Program (VAAP) Participation Criteria and Procedural Manual.

| SOL TESTS | PARTICIPATION  | ACCOMMODATIONS | If YES, List Accommodation(s) by Test |
|-----------|----------------|----------------|---------------------------------------|
|           | ___ Yes ___ No | ___ Yes ___ No |                                       |
|           | ___ Yes ___ No | ___ Yes ___ No |                                       |
|           | ___ Yes ___ No | ___ Yes ___ No |                                       |
|           | ___ Yes ___ No | ___ Yes ___ No |                                       |
|           | ___ Yes ___ No | ___ Yes ___ No |                                       |
|           | ___ Yes ___ No | ___ Yes ___ No |                                       |

**Mark any nonstandard administration with an asterisk\*.** These test scores will be reported as scores that result from a nonstandard administration. A student with a disability who has passed an SOL assessment utilizing any accommodation including a non-standard accommodation has passed for all purposes.

**PARTICIPATION IN THE VIRGINIA ALTERNATE ASSESSMENT PROGRAM (VAAP)**

Does the student meet the criteria for the VAAP? \_\_\_ Yes \_\_\_ No

If yes, the student will participate in the VAAP. If the criteria are not met, determine and document above how the student will participate in the SOL assessment.

**EXPLANATION FOR NON-PARTICIPATION AND HOW THE STUDENT WILL BE ASSESSED**

If **no** is checked for any SOL Test, explain in the space below why the student **will not** participate in this test, the impact relative to promotion or graduation, how the student will be assessed in these areas, and the particular alternate or alternative assessment selected is appropriate.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**  
**VIRGINIA'S STANDARDS OF LEARNING ASSESSMENTS**  
**VIRGINIA GRADE LEVEL ALTERNATIVE (VGLA) AND**  
**VIRGINIA SUBSTITUTE EVALUATION PROGRAM (VSEP)**  
**PARTICIPATION CRITERIA**

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**Virginia Grade Level Alternative (VGLA) Assessment Participation Criteria:**

The VGLA is available for students in grades 3 – 8 as an alternative for SOL testing. To qualify for the VGLA, a student's IEP team/504 committee must answer the following questions for each content area considered: (a "No" for any question indicates that the student is NOT eligible for the VGLA for that content area). Decisions about participation are made on a test by test and individual basis.

1. Does the student have a current IEP or 504 plan?  
 **Yes**             **No**
  
2. Does the student demonstrate his/her individual achievement of Standards of Learning content through means other than multiple-choice formats?  
 **Yes**             **No**
  
3. As a result of a disability, is the student unable to demonstrate his/her individual achievement on the Standards of Learning test for the assigned grade level using available standard and/or non-standard accommodations and/or formats?  
 **Yes**             **No**

Refer to the Virginia Department of Education's *VGLA Procedural Manual*.

---

**Virginia Substitute Evaluation Program (VSEP) Participation Criteria:**

The VSEP is available for students taking any course with an associated End of Course (EOC) SOL test and for the literacy and numeracy tests associated with the Modified Standard Diploma.

1. The student has a current IEP or 504 plan.
  
2. The student is enrolled in a course that has a Standards of Learning End of Course test and/or the student is pursuing a Modified Standard Diploma and seeking certification for having met the literacy and/or numeracy requirements.
  
3. The impact of the student's disability demonstrates to the IEP team or 504 committee that the student will not be able to access the Standards of Learning assessments even with standard and/or non-standard testing accommodations and therefore requires a substitute evaluation.

Refer to the Virginia Department of Education's *VSEP Procedural Manual*.

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**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**  
**VIRGINIA ALTERNATE ASSESSMENT PROGRAM (VAAP)**  
**PARTICIPATION CRITERIA**

Page 1 of 2

**Guidelines for Participation**  
**Virginia Alternate Assessment Program (VAAP)**

**Student Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**School/Division** \_\_\_\_\_ **Date** \_\_\_\_\_

A completed alternate assessment shall be submitted for students participating in the Virginia Alternate Assessment Program (VAAP) at the elementary, middle, and high school levels. Alternate assessments shall be completed as follows:

|   |   |
|---|---|
| <b>Grades 3, 5, 8 and 11</b>  | <b>Reading, Math, Science, History/Social Science</b> |
| <b>Grades 4, 6, 7</b>   | <b>Reading and Math</b>                               |
| <b>NOTE:</b> If your school division has a content specific History/Social Science exam during a certain year (check with the local Division Director of Testing) you must have a corresponding VAAP collection that year for History/Social Science. |   |

**Directions:**

The IEP team determines participation in the alternate assessment. Team members must consider current and historical documentation (to be noted on page 2 of this form). Documentation may include, but is not limited to, evaluation data, school records, parent/teacher observations, anecdotal notes, previous IEPs, etc. The following reasons **alone are not sufficient** for decision-making:

- Poor attendance;
- English as a Second Language;
- Social, cultural, and economic differences;
- Disruptive behavior;
- Student’s reading level;
- Expectations of poor performance;
- Amount of time receiving special education services;
- Low achievement in general education;
- Categorical disabilities labels;
- Place where the student receives services.

The IEP Team has the responsibility to determine and document that the student meets **ALL** of the following criteria by circling “yes” for each of the statements. If team members determine that the student **DOES NOT MEET** a specific criterion, “no” should be circled. This indicates the student is not a candidate for alternate assessment and participation in a different option in the State Standards of Learning Assessment System.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**VIRGINIA ALTERNATE ASSESSMENT PROGRAM (VAAP) PARTICIPATION CRITERIA**

**Guidelines for Participation  
Virginia Alternate Assessment Program (VAAP)**

**(Complete for all students considered for the VAAP )**

**IEP Team Must Answer ALL the Following Questions**

**(Circle One)**

|          |          |   |
|----------|----------|---|
| <b>Y</b> | <b>N</b> | 1. The student has a current IEP or one is being developed. |
|----------|----------|---|

**(Circle One)**

|          |          |   |
|----------|----------|---|
| <b>Y</b> | <b>N</b> | 2. The student demonstrates <b>significant cognitive disabilities</b> .<br><i>Sources of information: (Learner Characteristics, psychological evaluation, achievement tests, social adaptive behavior test results, observations from parents and teachers, social maturity data, curricular content, etc.)</i> |
|----------|----------|---|

**(Circle One)**

|          |          |  |
|----------|----------|--|
| <b>Y</b> | <b>N</b> | 3. The student's present level of performance indicates the need for extensive, direct instruction and/or intervention in a curriculum framework based on <b>Aligned Standards of Learning</b> . The present level of performance or student evaluation may also include personal management, recreation and leisure, school and community, vocational, communication, social competence and/or motor skills.<br><i>Sources of information: (Informal and formal assessment results, checklists, data log, work samples, structured or spontaneous observations from teachers and parents, measurable IEP goals, scheduling matrix, curricular content, list of necessary supports.)</i> |
|----------|----------|--|

**(Circle One)**

|          |          |  |
|----------|----------|--|
| <b>Y</b> | <b>N</b> | 4. The student requires intensive, frequent, and individualized instruction in a variety of settings to show active interaction and achievement. <i>Sources of information: (Measurable IEP goals, scheduling matrix, instructional strategies effectiveness data, list of various inclusive settings, learning style inventory, etc.)</i> |
|----------|----------|--|

**(Circle One)**

|          |          |  |
|----------|----------|--|
| <b>Y</b> | <b>N</b> | The student is working toward educational goals other than those prescribed for a Modified Standard, Standard or Advanced Studies Diploma. <i>Sources of information: (list of diploma options and requirements, curricular content, measurable IEP goals, transition plan, parent and student discussion, etc.)</i> |
|----------|----------|--|

**(Complete for students who meet the criteria listed above)**

The IEP team members agree that \_\_\_\_\_ meets the participation criteria stated above for the VAAP for the \_\_\_\_\_ school year and will not participate in any other statewide assessment. This participation decision will be stated on the IEP and is supported by the current and historical data found on the following documents:

**Supporting Documentation:**

| Position/Representing | Signature | Date |
|-----------------------|-----------|------|
|                       |           |      |
|                       |           |      |
|                       |           |      |
|                       |           |      |

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**DISTRICT-WIDE ASSESSMENT(S)**

Student Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Student ID Number \_\_\_\_\_

**PARTICIPATION IN DISTRICT-WIDE ASSESSMENTS**

For the student who will be in a grade level or at an age for which the student is eligible to participate in a district-wide assessment, **list each district-wide assessment below**. Next determine if the student will participate in the assessment and then list the accommodation(s) and/or modification(s) that will be made based upon those the student generally uses during classroom instruction and assessment. For the accommodations and/or modifications that may be considered, refer to “Accommodations/Modifications” page of the IEP.

| ASSESSMENT | PARTICIPATION  | ACCOMMODATIONS<br>And/or<br>MODIFICATIONS | If YES, List Accommodation(s)<br>And/or Modification(s) by Assessment |
|------------|----------------|---|---|
|            | ___ Yes ___ No | ___ Yes ___ No                            |   |
|            | ___ Yes ___ No | ___ Yes ___ No                            |   |
|            | ___ Yes ___ No | ___ Yes ___ No                            |   |
|            | ___ Yes ___ No | ___ Yes ___ No                            |   |
|            | ___ Yes ___ No | ___ Yes ___ No                            |   |
|            | ___ Yes ___ No | ___ Yes ___ No                            |   |
|            | ___ Yes ___ No | ___ Yes ___ No                            |   |
|            | ___ Yes ___ No | ___ Yes ___ No                            |   |
|            | ___ Yes ___ No | ___ Yes ___ No                            |   |
|            | ___ Yes ___ No | ___ Yes ___ No                            |   |
|            | ___ Yes ___ No | ___ Yes ___ No                            |   |

Mark any nonstandard administration with an asterisk\*.

**EXPLANATION FOR NON-PARTICIPATION AND HOW THE STUDENT WILL BE ASSESSED**

If **no** is checked for any regular SOL Test, explain in the space below why the student **will not** participate in this test, the impact relative to promotion or graduation, how the student will be assessed in these areas, and the particular alternate or alternative assessment selected is appropriate.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**PLACEMENT DECISION, Continued**

Student Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Student ID Number \_\_\_\_\_

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**PLACEMENT DECISION/DESCRIPTION, Continued**

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**PRIOR NOTICE**

Student Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Student ID Number \_\_\_\_\_

---

Describe other options considered and the reasons for their rejection:

List other factors that are relevant to this proposal:

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**PRIOR NOTICE – Refusal(s)**

Student Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Student ID Number \_\_\_\_\_

---

After consideration we refuse to:

Reasons for the refusal(s):

Description of each evaluation procedure, test, record, or report used as a basis for the refusal(s):

Description of any options considered and the reasons why those options were rejected:

Description of any other factors, which are relevant to the refusal(s):

NOTE: Our records indicate that you were provided a copy of the procedural safeguards that explains your rights. If you, the parent(s) and adult student, need another copy of the procedural safeguards or need assistance in understanding this information please contact \_\_\_\_\_ at (\_\_\_\_) \_\_\_\_\_ or e-mail \_\_\_\_\_ or \_\_\_\_\_ at (\_\_\_\_) \_\_\_\_\_ or e-mail \_\_\_\_\_.