

**IEP COMPONENTS**

**STUDENT INFORMATION**

A section may be added at the beginning of the IEP format to include pertinent student information as determined necessary by the school district.

**IEP PARTICIPANTS**

Please sign in the appropriate space. A signature in this section of the IEP documents participation in the meeting and does not mean agreement with the IEP.

Student, if appropriate or required	Date
Parent	Date
Regular Education Teacher	Date
Special Education Teacher or Special Education Provider	Date
Child Study Team Member	Date
Case Manager (May be the CST member above.)	Date
School Representative (May be the CST member or other appropriate school personnel.)	Date
Specialist	Date
Other	Date

## PRESENT LEVELS OF EDUCATIONAL PERFORMANCE

**Consider relevant data.** Consider the results of the initial or most recent evaluation [N.J.A.C. 6A:14-3.7(c)2]. List the sources of information including evaluation data, teacher reports, classroom observations, interests and preferences of the student and parental input used to develop the IEP. State the strengths of the child [N.J.A.C. 6A:14-3.7(c)1]. State the concerns of the parent [N.J.A.C. 6A:14-3.7(c)1].

**Describe the present levels of performance including how the child's disability affects his or her involvement and progress in the general education curriculum.** For preschool children, as appropriate, describe how the disability affects the child's participation in appropriate activities. [N.J.A.C. 6A:14-3.7(d)1i].

**Include other educational needs that result from the student's disability.** [N.J.A.C. 6A:14-3.7(d)2ii].

**In addition, consider each of the following. When applicable, address in the appropriate IEP section; when not applicable, note as such.**

Beginning at age 14 or younger, if appropriate, the need for a consultation from Division of Vocational Rehabilitation [N.J.A.C. 6A:14-3.7(c)9]; (Complete "Statement of Transition Service Needs," page 2.)

Whether the student's behavior impedes his or her learning or that of others. If applicable, develop strategies, including positive behavioral interventions and supports to address the student's behavior [N.J.A.C. 6A:14-3.7(c)3]; (Complete "Behavioral Interventions," page 5.)

Language needs of a child with limited English proficiency [N.J.A.C. 6A:14-3.7(c)4];

Communication needs [N.J.A.C. 6A:14-3.7(c)6];

For a student who is deaf or hard of hearing, opportunities for direct communication with peers and school personnel [N.J.A.C. 6A:14-3.7(c)7];

The need for assistive technology devices and services. [N.J.A.C. 6A:14-3.7(c)8]. (When applicable, identify the assistive technology devices and services on page 6.)

### **Other**

For a student who is blind or visually impaired, the IEP team shall provide for instruction in Braille and the use of Braille, unless the IEP team determines that such instruction is not appropriate. Such determination shall be based on an evaluation of the student's reading and writing skills and current and projected needs for instruction in Braille. Provide a rationale for such determination. [N.J.A.C. 6A:14-3.7(c)5]

**STATEMENT OF TRANSITION SERVICE NEEDS**

**At age 14 or younger, if appropriate, develop the long-range plan for the student's future. Review annually. [N.J.A.C. 6A:14-3.7(d)9]**

**Identify and consider the student's interests and preferences:**

**Post-secondary outcomes:**

**Grade\_\_\_ Courses of Study:**

**Grade\_\_\_ Courses of Study:**

**Grade\_\_\_ Courses of Study:**

**Grade\_\_\_ Courses of Study:**

**STATEMENT OF NEEDED TRANSITION SERVICES: COORDINATED ACTIVITIES/STRATEGIES**

**Beginning at age 16 or younger, if appropriate, consider the student's interests and preferences and complete the following:**

**Name of the liaison to post-secondary resources [N.J.A.C. 6A:14-3.7(d)12]:**

<b>Categories for Transition Services</b>	<b>Activities/Strategies</b>	<b>Agency or Person Providing Services</b>	<b>Responsibilities</b>
<b>Instruction.</b> If services are not needed, explain:			
<b>Community Experiences.</b> If services are not needed, explain:			
<b>Related Services.</b> If services are not needed, explain:			
<b>Adult Living.</b> If services are not needed, explain:			
<b>Daily Living Skills.</b> (If appropriate, provide information under applicable headings.)			
<b>Functional Vocational Evaluation.</b> (If appropriate, provide information under applicable headings.)			

## **BEHAVIORAL INTERVENTIONS**

**N.J.A.C. 6A:14-3.7(c)3 requires consideration of behavioral needs. If behavior impedes the student's learning or the learning of others, the IEP team must consider, when appropriate, strategies, including positive behavioral interventions and supports to address that behavior. When needed, a behavior intervention plan must be included in the IEP. The following are suggested topics:**

- < **Target behavior:**
- < **Prior interventions (if any)/student response:**
  
- < **Description of the positive supports/interventions:**
  
- < **Data collection and management system:**
  
- < **Conditions under which the supports/interventions will be implemented:**
  
- < **Conditions under which the supports/interventions will be terminated:**
  
- < **Parental involvement:**

**INSTRUCTIONAL AREA:**

**ANNUAL MEASURABLE GOAL:** Related to the core curriculum content standards through the general education curriculum unless otherwise required according to the student's educational needs.

BENCHMARKS OR SHORT TERM OBJECTIVES:	CRITERIA	EVALUATION PROCEDURE
Related to meeting the student's needs that result from the student's disability to enable the student to be involved in and progress in the general education curriculum and meeting the student's other educational needs [N.J.A.C. 6A:14-3.7(d)2.]		

**MODIFICATIONS AND SUPPLEMENTARY AIDS AND SERVICES IN THE REGULAR EDUCATION CLASSROOM**

State the modifications for the student to be involved and progress in the general education curriculum, participate in extracurricular and other nonacademic activities, and be educated with other students with disabilities and nondisabled students. State the supplementary aids and services that will be provided to the student or on behalf of the student [N.J.A.C. 6A:14-3.7(d)3]. Identify any assistive technology devices and services to be provided.

<b>State the modifications to enable the student to participate in the general education curriculum</b>	<b>State the supplementary aids and services</b>
The discussion that leads to the determinations that are documented in the IEP sections, "Modifications and Supplementary Aids and Services in the Regular Education Classroom" and "Modifications and Supplementary Aids and Services in the Special Education Classroom" will serve as the basis for documenting items 1 and 2 on page 8 . That is, in order to determine whether a student will be educated in the regular education classroom with	supplementary aids and services, the IEP team must compare the benefits of the regular classroom and the special education classroom, and the IEP team must consider the potentially beneficial or harmful effects on the student and other students in the class.

**MODIFICATIONS AND SUPPLEMENTARY AIDS AND SERVICES IN THE SPECIAL EDUCATION CLASSROOM**

**If the student will not be participating in the regular education classroom, state the modifications and supplementary aids and services to enable the student to be involved and progress in the general education curriculum in the special education classroom.**

**MODIFICATIONS IN EXTRACURRICULAR AND NONACADEMIC ACTIVITIES**

State the modifications to enable the student to participate in extracurricular and nonacademic activities [N.J.A.C. 6A:14-3.7(d)3ii].

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**SUPPORTS FOR SCHOOL PERSONNEL**

State the supports for school personnel that are provided for the student [N.J.A.C. 6A:14-3.7(d)3].

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**PROGRESS REPORTING**

State how the parents will be regularly informed of their student's progress toward the annual goals [N.J.A.C. 6A:14-3.7(d)15].

METHOD	SCHEDULE



**SPECIAL EDUCATION DETERMINATIONS**

Document length of school day, if different from length of regular school day [N.J.A.C. 6A:14-4.1(c)]:

Statement of student's transition from elementary to secondary program [N.J.A.C. 6A:14-3.7(d)8]:

Determine whether the student needs an extended school year (ESY) program [N.J.A.C. 6A:14-4.3(b)]. List relevant factors considered in determining whether the student needs an ESY program.

If the student requires an ESY program, describe the ESY program:

**PARTICIPATION IN DISTRICT AND STATE ASSESSMENT PROGRAM**

Specify the district or state assessment.	Modifications / Accommodations [N.J.A.C. 6A:14-3.7(d)5]	If the student will not be participating in a subject area or areas of a district or state assessment, explain why that assessment is not appropriate [N.J.A.C. 6A:14-3.7(d)5i].	State how the student will be assessed
District Assessment:			
State Assessment Check one: ESPA _____ GEPA _____ HSPT _____ SRA _____			



**GRADUATION REQUIREMENTS**

**RATIONALE FOR EXEMPTION FROM GRADUATION REQUIREMENTS [N.J.A.C. 6A:14-3.7(d)7i]**

**ALTERNATE REQUIREMENTS [N.J.A.C. 6A:14-3.7(d)7ii]**

**HSPT:** Please complete this section, if the student is not taking the HSPT/SRA or any part of the HSPT/SRA, or if the student is taking the HSPT/SRA but is not required to achieve a passing score.

**Attendance:**

**Credit Hour Requirements:**

**Core Curriculum Content Standards:**

**TRANSFER OF RIGHTS AT AGE OF MAJORITY**

At least one year before the student reaches age 18, a statement that the student has been informed of the rights that will transfer to the student on reaching the age of majority [N.J.A.C. 6A:14-3.7(d)13].

\_\_\_\_\_ I have been informed that upon reaching age 18 rights under N.J.A.C. 6A:14 will transfer to me, except that my parent(s) will continue to receive notice.

\_\_\_\_\_ I have received a copy of the special education code, N.J.A.C. 6A:14 and a copy of the procedural safeguards statement, *Parental Rights in Special Education*, which describes these rights.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

**NOTICE REQUIREMENTS FOR THE IEP AND PLACEMENT**

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 [N.J.A.C. 6A:14-2.3(e)1] and explain why the district has taken such action [N.J.A.C. 6A:14-2.3(e)2]:**

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

\_\_\_\_\_ as a result of an initial evaluation and determination of eligibility.

\_\_\_\_\_ as a result of an annual review.

\_\_\_\_\_ as a result of a reevaluation.

\_\_\_\_\_ in response to a parental request.

\_\_\_\_\_ to propose a change in placement.

\_\_\_\_\_ to review the behavioral intervention plan.

\_\_\_\_\_ other:\_\_\_\_\_.

**Describe any options considered and the reasons those options were rejected [N.J.A.C. 6A:14-2.3(e)3] :**

*This section is completed, if the parent (or adult student) has made a request of the school district regarding the IEP (services and/or placement) and the district has rejected the request.*

**Describe the procedures, tests, records or reports and factors used in determining the proposed action [N.J.A.C. 6A:14-2.3(e)4]:**

The sources of information used to develop the proposed IEP are listed in the present levels of performance.

**If applicable, describe any other factors that are relevant to the proposed action [N.J.A.C. 6A:14-2.3(e)]:**

**PROCEDURAL SAFEGUARDS STATEMENT**

As the parent of a student with disabilities or as an adult student, you have rights regarding identification, evaluation, classification, the development of an IEP, placement and the provision of a free, appropriate public education under the New Jersey Administrative Code for Special Education, N.J.A.C. 6A:14. A description of these rights, which are called procedural safeguards, is contained in the document, *Parental Rights in Special Education* (PRISE). This document is published by the New Jersey Department of Education.

A copy of PRISE is provided to you upon referral for an initial evaluation, upon each notification of an IEP meeting, upon reevaluation and when a due process hearing is requested. In addition, a copy will be provided to you at your request.

**To obtain a copy of PRISE, please contact:**

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**School District Office or Personnel** **Phone Number**

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

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**School District Representative** **Phone Number**

**Statewide Parent Advocacy Network (SPAN) at (800) 654 - 7726.**

**Protection and Advocacy, Inc., at (800) 922 - 7233.**

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**County Supervisor of Child Study** **Phone Number**

**CONSENT FOR INITIAL IEP IMPLEMENTATION:**

**Your signature is required to give consent before the proposed IEP services can start. You have the right to consider the attached IEP for up to 15 calendar days before giving consent. But, you may sign at any time during the 15 calendar days to have the IEP services start.**

**I, we have received a copy of the proposed IEP and give consent for the IEP services to start.**

\_\_\_\_\_  
**Signature**

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

**To assure that parents understand the notice options for an IEP review, the school district must choose the appropriate statement regarding notice and include it as part of the IEP.**

**IEP REVIEW OPTION #1: This form is used when the proposed IEP is intended to be implemented before the 15 day notice period has expired. The parent's signature is required to document agreement to start the services sooner.**

**You have the right to consider the proposed IEP for up to 15 calendar days. To have the IEP services start before the 15 days expire, you must sign below.**

**If you disagree with the IEP and you do not inform the district in writing of your disagreement, the IEP will be implemented without your signature after the 15 days have expired.**

**I, we have received a copy of the proposed IEP and agree to have the IEP services start before the 15 calendar days have expired.**

\_\_\_\_\_  
**Signature**

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

**IEP REVIEW OPTION #2: This form is used when the proposed IEP is intended to be implemented after the 15 days have expired.**

**You have the right to consider the proposed IEP for up to 15 calendar days.**

**Your signature is not required to implement a proposed IEP, after the 15 calendar days have expired.**

**If you disagree with the attached IEP and do not inform the district in writing of your disagreement before the 15 calendar days have expired, the IEP services will start on**

\_\_\_\_\_.