

_____	_____	_____	_____
Legal Name of Student	State Student ID (SASID)	Date of Birth	Date

_____	_____	_____	_____
Local Student ID (LASID)	Administrative Unit Name	AU Address	AU Phone Number

SECTION 1: TYPE OF MEETING		SECTION 2: DATES OF MEETINGS
Eligibility <input type="checkbox"/> Initial Eligibility Meeting <input type="checkbox"/> 3-Year Reevaluation <input type="checkbox"/> Special Evaluation Date Initial Consent for Services: _____	Individualized Education Program <input type="checkbox"/> Initial IEP <input type="checkbox"/> Annual Review <input type="checkbox"/> Amendment to IEP Dated: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A (Student Did not qualify)	Date of next eligibility meeting (<i>on or before</i>) _____ <div style="text-align: right;">Date</div> Date of next IEP review meeting (<i>on or before</i>) _____ <div style="text-align: right;">Date</div> Date of initial consent for evaluation _____ <div style="text-align: right;">Date</div> Date initial evaluation completed _____ <div style="text-align: right;">Date</div> Date of initial eligibility determination _____ <div style="text-align: right;">Date</div> Post secondary goals due during the year when the student is 15 but no later than the end of 9 th grade _____ <div style="text-align: right;">Date</div>

SECTION 3: STUDENT AND FAMILY INFORMATION			
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District of Residence Home School School of Attendance Unit/Facility of Attendance (if out of district) Primary Disability, if any Primary Educational Environment	Prior to Meeting _____ _____ _____ _____ _____	After Meeting _____ _____ _____ _____ _____	Grade: _____ Age: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Race/Ethnicity: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White not Hispanic Primary Language Spoken in the Home _____ Student's Primary Language _____ Does the student have Limited English Proficiency <input type="checkbox"/> Yes <input type="checkbox"/> No Is an interpreter needed for meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Is there an Educational Surrogate Parent (ESP)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Student's Parent/ Guardian(s)/ESP Address City/State/Zip Telephone Number Email	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
	Home Cell Work		Home Cell Work

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SECTION 6: PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE INCLUDING INPUT FROM PARENT & STUDENT

Student Strengths, Preferences, Interests

What are the student's educational/developmental strengths, interest areas, significant personal attributes and personal accomplishments? Be sure to include specific feedback from the student.

300.324(a)(i) strengths of the child

300.321(b)(2) preferences and interests 300.43(a)(2)

Present Levels of Educational Performance Summary

Include results of initial or most recent evaluation

300.324(a)(iii) Results of initial or most recent evaluation

Describe the age appropriate transition assessment process used to develop the post-school goals 300.320(b)(1)

This section to be completed for the first IEP to be in effect when the student is transition age, or earlier if deemed appropriate by the IEP team

Student Needs and Impact of Disability

How does the student's disability affect his/her involvement and progress in the general curriculum and participation in appropriate activities?

300.324(a)(ii) concerns of parent

300.324(a)(iv) academic, developmental, and functional needs (access skills)

300.320(a)(1) How the child's disability affects the child's involvement and progress—in the general curriculum and participation in appropriate activities

Measurable Post-School Goals

This section to be completed for the first IEP to be in effect when the student is transition age, or earlier if deemed appropriate by the IEP team

What are the student's preferences, interests and desired outcomes in future post-secondary education, employment and independent living? Be sure to include feedback from the student

300.321(b) 300.43(a)(2)(i)-(v) extrapolated

Post-School Education/Training Goal:

300.320(b)(1)

Employment Goal:

300.320(b)(1)

Independent Living Skills Goal (when appropriate):

300.320(b)(1)

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Date

SECTION 7: CONSIDERATION OF SPECIAL FACTORS

A. Does this student exhibit behavior that requires a Behavior Intervention Plan?

Yes No

If yes, generate Behavior Intervention Plan.

300.324(1)(2)(i)

B. Is the student blind or visually impaired?

Yes No

If yes, generate Learning Media Plan.

300.324(1)(2)(iii)

C. Is the student deaf or hard of hearing?

Yes No

If yes, generate Communication Plan.

300.324(a)(2)(iv)

D. Is the student deaf-blind?

Yes No

If yes, generate Learning Media & Communication Plan.

300.324(1)(2)(iii) & 300.324(a)(2)(iv)

E. Does the student require a Health Care Plan?

Yes No

If yes, indicate location of Plan.

F. Does the student have Limited English Proficiency?

Yes No

If yes, specify how this will be addressed:

300.324(a)(2)(ii)

G. Does the student need Assistive Technology devices or services?

Yes No

If yes, specify:

300.324(a)(2)(v)

H. Does the student require Special Transportation?

Yes No

If yes, specify:

300.34 Related Services (a)

300.34 (c)(16)

300.107(b)

_____ Legal Name of Student	_____ State Student ID (SASID)	_____ Date of Birth	_____ Date
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SECTION 8: POST-SCHOOL CONSIDERATIONS This section to be completed for the IEP to be in effect when the child is 15, but not later than the end of 9th grade 300.320(b)
Projected date of graduation/program completion: _____ 300.102(a)(3)(i)-(iii) limitation to FAPE Projected type of completion document _____
Post-School Education/Training Goal (from Section 6: Measurable Post-School Goals): 300.320(b)(1) Planned Course of Study: 300.320(b)(2) Transition Services and Activities: 300.320(b)(2) Agency/community supports that may provide transition services in the coming school year: 300.321(b)(3) participants in meeting
Career Employment Goal (from Section 6: Measurable Post-School Goals) 300.320(b)(1) Planned Course of Study: 300.320(b)(2) Transition Services and Activities: 300.320(b)(2) Agency that may provide transition services in the coming school year: 300.321(b)(3) participants in meeting
Independent Living Skills Goal (when appropriate) (from Section 6: Measurable Post-School Goals): 300.320(b)(1) Planned Course of Study: 300.320(b)(2) Transition Services and Activities: 300.320(b)(2) Agency that may provide transition services in the coming school year: 300.321(b)(3) participants in meeting
If the student will turn 20 during the course of this IEP period, student and parent(s) have been informed of the transfer of rights at the age of majority (21). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 300.320(c) <i>Transfer of rights at age of majority.</i>
NOTE: Graduation will permanently end entitlement to a free and appropriate public education (FAPE) under the federal Individuals with Disabilities Education Act 2004 and the Colorado Rules for the Administration of the Exceptional Children's Educational Act. Therefore, after graduation this student will no longer be entitled to receive special education and related services from a school district or other local education agency.

_____	_____	_____	_____
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SECTION 9: ANNUAL GOALS AND/OR OBJECTIVES 300.320(a)(2)(i)

For Students who are transition age, indicate what post-school area this will support: Education/Training Employment Independent Living

Area of Need:

Measurable Goal: 300.320(a)(2)(i)	Unit of Measurement: 300.320(a)(3)(i)
Objective (if needed):	

Related Standard/Expanded Benchmark/Access Skill:	Baseline Data Point:
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Evaluation Method: Monitor and Chart Progress Focused Assessments Portfolio Collection Other: _____ **300.320(a)(3)(i)**

Progress Report (Describe how parents will be informed of the student's progress toward goals and how frequently this will occur) **300.320(a)(3)(iii)**

Reporting Date: ___/___/___	Reporting Date: ___/___/___	Reporting Date: ___/___/___	Reporting Date: ___/___/___
Progress: ____	Progress: ____	Progress: ____	Progress: ____
Supporting Data Point:	Supporting Data Point:	Supporting Data Point:	Supporting Data Point:

For Students who are transition age, indicate what post-school area this will support: Education/Training Employment Independent Living

Area of Need:

Measurable Goal: 300.320(a)(2)(i)	Unit of Measurement: 300.320(a)(3)(i)
Objective (if needed):	

Related Standard/Expanded Benchmark/Access Skill:	Baseline Data Point:
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Evaluation Method: Monitor and Chart Progress Focused Assessments Portfolio Collection Other: _____ **300.320(a)(3)(i)**

Reporting Date: ___/___/___	Reporting Date: ___/___/___	Reporting Date: ___/___/___	Reporting Date: ___/___/___
Progress: ____	Progress: ____	Progress: ____	Progress: ____
Supporting Data Point:	Supporting Data Point:	Supporting Data Point:	Supporting Data Point:

Progress Reporting Key: 4) Goal met 3) Progress made, goal to be met on time 2) Insufficient progress made, goal not to be met on time 1) Student did not work on this goal.
Attach additional supporting charts/ graphs if available

Legal Name of Student _____

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Date _____

SECTION 10: ACCOMMODATIONS & MODIFICATIONS

Accommodations

What type(s) of accommodation(s) *if any* is (are) necessary for the student to access the general curriculum and/or appropriate activities to make effective progress?

300.320(a)(4)(i)-(iii)

300.320(a)(6)(i)

Modifications

What standards, *if any*, need to be modified, expanded, and/or prioritized for the student to access the general curriculum and/or appropriate activities to make effective progress?

SECTION 11: EXTENDED SCHOOL YEAR DETERMINATION **300.106**

Criteria/Inquiry:

Did the student experience significant regression on their IEP goals and objectives?

Yes No

Did the student require an unreasonably long period of time to relearn previously learned skills?

Yes No

Are there other factors relevant in determining eligibility for ESY services?

Yes No

Decision: Is the student eligible for Extended School Year Services?

Yes No To be determined by: _____

If yes, attach documentation for each question and record services on service summary in Section 13.

Identify which goals will be worked on during the Extended School Year Below:

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Date of Birth _____

Date _____

SECTION 12: STATE/DISTRICT ASSESSMENTS:

District Assessments:

Check whether the student will participate in the District Assessment or the District Alternate for each content area(s) administered at the child/student's grade level. Check all that apply.

	Regular	Alternate	Not Assessed at This Grade Level
Reading/Writing/Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the student is eligible for the district alternate assessment, provide justification:

300.320(a)(6)(ii)(A) and (B)

List district assessment accommodations:

300.320(a)(6)(i)

State Assessments

Check whether the student will participate in the CSAP or CSAP Alternate for each content area(s) administered at the child/student's grade level. Check all that apply.

	CSAP	CSAPA or 11 th Grade Alt.	ACT	Not Assessed at This Grade Level
Reading/Writing/Language Arts	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Math	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
11 th grade only:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the student will be participating in the CSAPA provide justification: 300.320(a)(6)(ii)(A) and (B)

List any CSAPA Accommodations/Adaptations:

Check all Standard Accommodations to be used in the CSAP Administration: 300.320(a)(6)(i)

Standard Presentation Accommodations

- No accommodations needed
- Braille version of the test
- Large-print version of the test (18 point font)
- Read aloud directions only
- Signing of directions only
- Oral presentation of entire test (science, math, writing only)
- Signing presentation of entire test
- Translated oral presentation of entire test
- Student receives more, but shorter sessions with "breaks" in between
- Student receives extended time
- Student uses additional manipulative for mathematics assessment

Describe Non-Standard Accommodations:

Standard Response Accommodations

- No accommodations needed
- Use of scribe to write oral responses or fill in bubbles in the test book (scribe)
- Use of scribe to write oral responses to constructed items only (scribe)
- Use of signing as an alternative response (must also then scribe into test booklet)
- Use of assistive technology to communicate response to test items

Other Allowable Accommodations:

If student is taking an alternate assessment, parents have been informed about the differences between regular and the alternate assessments (both state and district) and the effects of these, if any (including that, for students taking alternate assessments, their achievement will be measured based on alternate achievement standards).

_____	_____	_____	_____
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SECTION 13: SERVICE DELIVERY STATEMENT

Statement of types and anticipated location of services to be provided to and on behalf of the student:
 300.320(a)(7)

SPECIAL EDUCATION AND RELATED SERVICES IN THE LEAST RESTRICTIVE ENVIRONMENT

Specialized Instruction Area and/or Related Services 300.320(a)(4)	Service Provider 300.18 HQ Sp. Ed. Teacher	Start Date 300.320(a)(7)	End Date 300.320(a)(7)	Frequency of Special Education/Related Services-- Direct Use ONE column only per identified service			Frequency of Special Education/Related Services-- Indirect Including Case Management Use ONE column only per identified service		
				Per Day	Per Week	Per Month	Per Day	Per Week	Per Month
								300.320(a)(7)	300.320(a)(7)
Total Amount of Time:				_____HPD	_____HPW	_____HPM	_____HPD	_____HPW	_____HPM

SECTION 14: RECOMMENDED PLACEMENT IN THE LEAST RESTRICTIVE ENVIRONMENT (SPECIAL EDUCATION SETTING)

Placement Options Considered	Selected:	Discussion must address each of the following for all placement options:	Below, summarize discussions regarding placement option(s)
1. _____	1. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Possible advantages for the student <input type="checkbox"/> Possible disadvantages for the student <input type="checkbox"/> Modifications/supplementary aids & services considered to reduce possible disadvantage to the student	
2. _____	2. <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. _____	3. <input type="checkbox"/> Yes <input type="checkbox"/> No		

GENERAL EDUCATION SERVICES Complete this section for students ages 3-5 as of Dec. 1, only:

Description	Hours Per Week
<input type="checkbox"/> Integrated Education Program	
<input type="checkbox"/> Other: _____	

EDUCATIONAL ENVIRONMENT

Selected Ages 3-5 (as of Dec. 1)	Selected Ages 6-21 (as of Dec. 1)
<input type="checkbox"/> General education early childhood program at least 80% of the time	<input type="checkbox"/> General education class at least 80% of the time
<input type="checkbox"/> General education early childhood program 40% to 79% of the time	<input type="checkbox"/> General education class 40% to 79% of the time
<input type="checkbox"/> General education early childhood program less than 40% of the time	<input type="checkbox"/> General education class less than 40% of the time
<input type="checkbox"/> Separate class	<input type="checkbox"/> Separate school
<input type="checkbox"/> Separate school	<input type="checkbox"/> Residential facility
<input type="checkbox"/> Residential facility	<input type="checkbox"/> Homebound/hospital
<input type="checkbox"/> Home	<input type="checkbox"/> Correctional facilities (including short-term detention)

Legal Name of Student	State Student ID (SASID)	Date of Birth	Date
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SECTION 14: PRIOR WRITTEN NOTICE

The IEP includes services to be provided to assist your child to make progress. The Present Level of Academic Achievement and Functional Performance in Section 6 includes information about the data used as a basis for the decisions recorded in the IEP.

Other options considered:

Why those options were rejected:

Other factors:

Parents of a child with a disability have protection under the procedural safeguards. For a copy of the procedural safeguards or assistance in understanding this information, please contact the person named above. [300.503\(b\)\(4\)](#)

A copy of the IEP has been provided to the parent(s). [300.322\(f\)](#)