

NC Department of Public Instruction Individualized Education Program State Forms (IEP)



The NC Department of Public Instruction has created the following IEP forms for use by IEP Teams. The forms that your local school system uses may look different but **must** contain all of the components and some school systems are completing IEPs on a computer. The forms and directions for use can be found at:

<http://ec.ncpublicschools.gov/policies/forms>.

Your involvement in developing an effective and appropriate IEP for your child is essential to your child's success. Get ready early, actively participate, and stay connected throughout the year. Download ECAC's IEP Checklist from our website or call 1-800-962-6817 to receive a copy via US mail at no cost. If you have questions or concerns about the IEP forms or need assistance with your child's IEP, please call an ECAC Parent Educator to assist you.



NC's Statewide Parent Training and Information Center (PTI)

907 Barra Row, Suites 102/103, Davidson, NC 28036

Parent Info Line: 1-800-962-6817 | www.ecac-parentcenter.org

- Check Purpose: Initial
 Annual Review
 Reevaluation
 Addendum
 Transition Part C to B

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Duration of Special Education and Related Services: From: _____ To: _____

Student: _____ DOB: _____

School: _____ Grade: _____

Primary Area of Eligibility* _____ Secondary Area(s) of Eligibility: (if applicable) _____
(*Reported on Child Count)

Student Profile

| |
|--|
| <p>Student's overall strengths:</p> <p>Summarize assessment information (e.g. from early intervention providers, child outcome measures, curriculum based measures, state and district assessments results, etc.), and review of progress on current IEP/IFSP goals:</p> |
| <p>Parent's concerns, if any, for enhancing the student's education:</p> <p>Parent's/Student's vision for student's future:</p> |

Consideration of Transitions

| |
|--|
| <p>If a transition (e.g. new school, family circumstances, etc.) is anticipated during the life of this IEP/IFSP what information is known about the student that will assist in facilitating a smooth process? <input type="checkbox"/> N/A</p> <p>The student is age 14 or older or will be during the duration of the IEP. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|--|

INDIVIDUALIZED EDUCATION PROGRAM (IEP)**Duration of Special Education and Related Services: From: _____ To: _____****Student: _____ DOB: _____****School: _____ Grade: _____****Consideration of Special Factors** (Note: If you check yes, you must address in the IEP.)Does the student have behavior(s) that impede his/her learning or that of others? Yes NoDoes the student have Limited English Proficiency? Yes NoIf the student is blind or partially sighted, will the instruction in or use of Braille be needed? Yes No N/ADoes the student have any special communication needs? Yes NoIs the student deaf or hard of hearing? Yes No The child's language and communication needs; Opportunities for direct communications with peers and professional personnel in the child's language and communication mode; Academic level; Full range of needs, including opportunities for direct instruction in the child's language; and Communication mode.(Communication Plan Worksheet available at www.ncpublicschools.org/ec/policy/forms.)Does the student require specially designed physical education? Yes No

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Duration of Special Education and Related Services: From: _____ To: _____

Student: _____ DOB: _____

School: _____ Grade: _____

Present Level(s) of Academic and Functional Performance

Include specific descriptions of what the student can and cannot do in relationship to this area. Include current academic and functional performance, behaviors, social/emotional development, other relevant information, and how the student's disability affects his/her involvement and progress in the general curriculum.

Annual Goal

Academic Goal Functional Goal

Does the student require assistive technology devices and/or services? Yes No

If yes, describe needs:

(Address after determination of related services.) Is this goal integrated with related service(s)? Yes* No

*If yes, list the related service area(s) of integration: _____

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Duration of Special Education and Related Services: From: _____ To: _____

Student: _____ DOB: _____

School: _____ Grade: _____

Competency Goal

Required for areas (if any) where student participates in state assessments using modified achievement standards.
Select Subject Area: Language Arts Mathematics Science

List Competency Goal from the NC Standard Course of Study:
(Standard must match the student's assigned grade.)

Note: Selected Grade Standard Competency Goals listed are those identified for specially designed instruction. In addition to those listed, the student has access to grade level content standards through general education requirements.

Benchmarks or Short Term Objectives (if applicable)

(Required for students participating in state alternate assessments aligned to alternate achievement standards)

Describe how progress toward the annual goal will be measured

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Duration of Special Education and Related Services: From: _____ To: _____

Student: _____ **DOB:** _____

School: _____ **Grade:** _____

Least Restrictive Environment

I. General Education Program Participation

In the space provided, list the general education classes, nonacademic services, and activities (ex: lunch, recess, assemblies, media center, field trips, etc.) in which the student will participate and the supplemental aids, supports, modifications, and/or accommodations required (if applicable) to access the general curriculum and make progress toward meeting annual goals. Discussion and documentation must include any test accommodations required for state and/or district-wide assessment. If supplemental aids/services, modifications/accommodations and/or assistive technology will be provided in special education classes include in the table below.

| GENERAL EDUCATION NONACADEMIC SERVICES & ACTIVITIES SPECIAL EDUCATION (If Applicable) | SUPPLEMENTAL AIDS/SERVICES MODIFICATIONS/ACCOMMODATIONS ASSISTIVE TECHNOLOGY (If Applicable) | IMPLEMENTATION SPECIFICATIONS (Example: Who? What? When? Where?) |
|--|---|---|
| | | |
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If the student is in preschool, describe how the student is involved in the general education program.

N/A

Specify the technical assistance, if any, that will be provided to the general education teacher(s) and/or other school personnel for implementation of the IEP.

None

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student Name: _____

Duration From: _____ **To:** _____

II. North Carolina Testing Program

Select the appropriate state assessment(s) that will allow the student to demonstrate his/her knowledge. Accommodations listed on the IEP must be used routinely in classroom instruction and on similar classroom assessments. Select testing accommodations that correlate to instructional accommodations used routinely throughout the academic year. For specifics regarding accommodation use and availability for specific tests, refer to the *Testing Students with Disabilities* publication, available at <http://www.ncpublicschools.org/accountability/policies/tswd>.

IEP Teams are instructed to select, for each assessment, only those accommodations that do not invalidate the score.

| <input type="checkbox"/> Student will participate in the Standard Test Administration with No Accommodations <input type="checkbox"/> Student will participate in the <i>NCEXTEND1</i> with No Accommodations <input type="checkbox"/> Student will participate in the <i>NCEXTEND1</i> with Accommodations <i>If checked, complete IEP DEC4 (6a of 10)</i> NC Testing Program Approved Accommodations | Grades 3-8 | | Grades 5 & 8 | Course Assessments | | | CTE | Tests of English Language Proficiency Grades K-12 <input type="checkbox"/> W-APT™ <input type="checkbox"/> ACCESS for ELLs® | | | | |
|---|--|--------------------------|--------------------------|--------------------------|---|--------------------------|------------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | ELA | Mathematics | Science ¹ | English II ¹ | Algebra I/ Integrated I ¹ | Biology ¹ | Post-Assessment ¹ | Reading | Writing | Listening | Speaking | |
| MUST BE COMPLETED | General Assessment | | | | | | | | | | | |
| Student will participate in: | <i>NCEXTEND2</i> ² | | | | | | | | | | | |
| Braille Edition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Large Print Edition (not for online assessments) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| One Test Item Per Page Edition (not for online assessments) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Assistive Technology Devices: Specify _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Braille Writer/Slate and Stylus (Braille Paper) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Crammer Abacus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dictation to a Scribe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interpreter/Transliterators Signs/Cues Test | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Magnification Devices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Word-to-Word Bilingual (English/Native Language) Dictionary/Electronic Translator (LEP only) ³ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Student Marks Answers in Test Book (not for online assessments) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Student Reads Test Aloud to Self | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Test Administrator Reads Test Aloud (In English) | <input type="checkbox"/> Read Everything | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> Read by Student Request | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Computer Reads Test Aloud – Student Controlled (not for paper and pencil assessments) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Multiple Testing Sessions | <input type="checkbox"/> More Frequent Breaks (Every _____ Min.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> Over Multiple Days (Number of Days _____) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Scheduled Extended Time | <input type="checkbox"/> Approximately _____ minutes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Testing in a Separate Room | <input type="checkbox"/> Small Group | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> One-on-One | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify): ⁴ _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

¹Dependent upon the platform used to provide the student the general assessment (online vs. paper and pencil), some accommodations may be non-applicable or unavailable.

²All ***NCEXTEND2*** tests are designed to be administered online; therefore, some of the state-approved testing accommodations do not apply to these tests. If a paper and pencil version of the ***NCEXTEND2*** test is needed as an accommodation, an *Accommodation Notification Form* (available from the school test coordinator) must be submitted to the LEA test coordinator.

³Available only for students identified as limited English proficient (LEP) who scored below Level 5.0 Bridging on the reading subtest of the W-APT™ or ACCESS for ELLs®.

⁴In order to be used on the state assessment this accommodation must be approved by the NCDPI. To request approval, an *Accommodation Notification Form* (available from the school test coordinator) must be submitted to the LEA test coordinator.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student Name: _____

Duration From: ___/___/___ To: ___/___/___

NCEXTEND1 Testing Accommodations

Testing accommodations may be provided for individual students for presentation of the test and/or for student response if the accommodations are routinely used during instruction and similar classroom assessments. Select the testing accommodations below that align to instructional accommodations used routinely throughout the academic year. For specifics regarding accommodation use and availability for specific tests, refer to the *Testing Students with Disabilities* publication, available at <http://www.ncpublicschools.org/accountability/policies/tswd>, and the *NCEXTEND1 Assessment Guides*.

IEP Teams are instructed to select, for each assessment, only those accommodations that do not invalidate the score.

| NC Testing Program Approved Accommodations for NCEXTEND1 | | NCEXTEND1 English Language Arts | NCEXTEND1 Mathematics | NCEXTEND1 Science | NCEXTEND 1 |
|--|---|---|---|---|-----------------------------------|
| | | <input type="checkbox"/> ELA Grades 3-8 | <input type="checkbox"/> Math Grades 3-8 | <input type="checkbox"/> Science Grades 5, 8 | <input type="checkbox"/> Grade 11 |
| Braille Materials ¹ | | | | | |
| Large Print Materials ² | | | | | |
| Assistive Technology Devices: Specify _____ | | | | | |
| Interpreter/Transliterators Signs/Cues Test ³ | | | | | |
| Magnification Devices | | | | | |
| Word-to-Word Bilingual (English/Native Language) Dictionary/Electronic Translator (LEP only) ⁴ | | | | | |
| Test Administrator Reads Test Aloud (In English) ³ | | NCEXTEND1 tests are to be read aloud to all students as specified in the <i>Assessment Guide</i> and <i>Assessor Booklet</i> . ³ | | | |
| Multiple Testing Sessions | <input type="checkbox"/> More Frequent Breaks (Every _____ Min.) | | | | |
| | <input type="checkbox"/> Over Multiple Days (Number of Days _____) | | | | |
| | <input type="checkbox"/> Other _____ | | | | |
| Testing in a Separate Room | | | | | |
| Adaptations to NCDPI-Provided Manipulatives ⁵ Specify _____ | | | | | |
| Other (specify): ⁶ _____ | | | | | |

¹ Braille materials for the NCEXTEND1 must be entered into the LEA-approved accommodations management system (i.e., CECAS, NC WISE, or an LEA-approved third-party application) according to the timeline established within the Testing Accommodations Schedule available to test coordinators through the Testing News Network (TNN).

² Large print materials may be created by the Assessor as needed for those students who routinely have print and visual materials enlarged for instructional use. This accommodation may be used **only** for the NCDPI-provided manipulatives. Reading Selection Booklets are provided for all students in 22-point font.

³ For the NCEXTEND1 English/Language Arts assessment, Selections 1–3 and all items are read to all students. Use of the *Test Administrator Reads Test Aloud* and/or *Interpreter/Transliterators Signs/Cues Test* accommodation for Selection 4 will result in invalid item scores for items 11–15. If used, the Assessor **must** score these items as incorrect.

⁴ Available only for students identified as limited English proficient (LEP) who scored below Level 5.0 on the most recent administration of the reading subtest of the W-APT™ or ACCESS for ELLs®.

⁵ Adaptations to NCDPI-provided manipulatives, such as raised lines, enlarged text/pictures, placement of pictures on information boards, and use of student-specific symbols **are** allowed. Adaptations to NCDPI-provided manipulatives may be created by the Assessor as needed for those students who routinely have adaptations to materials for instructional use. This accommodation may be used **only** for the NCDPI-provided manipulatives.

⁶ In order to be used on the state assessment this accommodation must be approved by the NCDPI. To request approval, an *Accommodation Notification Form* (available from the school test coordinator) must be submitted to the LEA test coordinator.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)**Duration of Special Education and Related Services: From: _____ To: _____****Student: _____ DOB: _____****School: _____ Grade: _____****II. A. EXPLORE/PLAN/ACT/WorkKeys**

| | Accommodations: | Implementation Specifications: |
|--|-----------------|--------------------------------|
| 8 th Grade - Explore ¹ | | |
| 10 th Grade – PLAN ¹ | | |
| 11 th Grade – ACT ² | | |
| 12 th Grade – WorkKeys ¹ | | |

¹ EXPLORE, PLAN, and WorkKeys accommodations must meet accommodations guidelines specified in the Supervisor's Manuals that correspond to each test.

² Accommodations for the ACT must be requested and reviewed by ACT via submission of an ACT-Approved Accommodations Application. ACT-approved accommodations result in scores that are college-reportable, while state-allowed accommodations result in scores that are not college-reportable but may be used for state accountability purposes.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Duration of Special Education and Related Services: From: _____ To: _____

Student: _____ DOB: _____

School: _____ Grade: _____

III. District-Wide Assessment Program

In the space provided, list the district-wide assessments, if any, and any accommodations or alternate assessments to be used by the student.

| DISTRICT-WIDE ASSESSMENT(S) | ACCOMMODATION(S) OR ALTERNATE ASSESSMENT(S) | IMPLEMENTATION SPECIFICATIONS |
|-----------------------------|---|-------------------------------|
| | | |

IV. Alternate Assessment Justification

If the student is participating in any alternate assessment(s), explain why the regular testing program, with or without accommodations, is not appropriate and why the selected assessment is appropriate:

N/A

V. Specially Designed Instruction, Related Services, and Nonacademic Services and Activities

A. Anticipated Frequency, Duration, and Location of Specially Designed Instruction

| Special Education: | Sessions Per: | | Reporting | | Session Length: | Location: |
|--------------------|---------------|-------|--------------------------|-------|-----------------|-----------|
| | Week | Month | Period | Year | | |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | | | 1 st Semester | _____ | | |
| | | | 2 nd Semester | _____ | | |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | | | 1 st Semester | _____ | | |
| | | | 2 nd Semester | _____ | | |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | | | 1 st Semester | _____ | | |
| | | | 2 nd Semester | _____ | | |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Duration of Special Education and Related Services: From: _____ To: _____

Student: _____ DOB: _____

School: _____ Grade: _____

B. Anticipated Frequency and Location of Related Services

- The IEP Team determined related services *are not required* to assist the student to benefit from special education.
- The IEP Team determined the following related services are required to assist the student to benefit from special education.

| Related Service(s): | Sessions Per: | | Reporting | | Session Length: | Location: |
|---------------------|---------------|-------|-----------|--------|--|-----------|
| | Week | Month | Year | Period | | |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | | | | | <input type="checkbox"/> Support Description | |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | | | | | <input type="checkbox"/> Support Description | |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | | | | | <input type="checkbox"/> Support Description | |

Transportation is required as related service. Describe special transportation services:

C. Nonacademic Services & Activities (Refer to Section I: General Education Program Participation)

List the nonacademic services and activities in which the student *will not* participate with nondisabled peers. This time must be factored into the determination of continuum of alternative educational placement below.

| Nonacademic Services & Activities: | Sessions Per: | | | Reporting Period | Session Length: |
|------------------------------------|---------------|-------|-------|------------------|-----------------|
| | Week | Month | Year | | |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

VI. Continuum of Alternative Educational Placements

Check all alternative placements considered by the team and circle the decision reached.

Educational placement is determined by calculating the amount of time the student is with nondisabled peers. Regular Early Childhood Program (RECP) is at least 50% of children enrolled in a class are nondisabled and do not have an IEP. A Special Education Program (Separate) class includes less than 50 percent nondisabled children.

School Age:

- Regular - 80% or more of the day with nondisabled peers
- Resource - 40% - 79% of the day with nondisabled peers
- Separate - 39% or less of the day with nondisabled peers
- Separate School
- Residential
- Home/Hospital

Preschool:

- RECP at least 10 hours a week, services in RECP program
- RECP at least 10 hours a week, services in other location
- RECP less than 10 hours a week, services in RECP program
- RECP less than 10 hours a week, services in other location
- Separate, Special Education Class
- Separate School
- Separate, Residential Facility
- Home, or
- Service Provider Location

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Duration of Special Education and Related Services: From: _____ To: _____

Student: _____ DOB: _____

School: _____ Grade: _____

VII. Least Restrictive Environment Justification Statement

If the student will be removed from nondisabled peers for any part of the day (general education classroom, nonacademic services and activities), explain **why** the services cannot be delivered with nondisabled peers with the use of supplemental aids and services.

N/A Student will not be removed from nondisabled peers.

VIII. Progress toward annual goals will be reported with the issuance of report cards unless otherwise specified below:

IX. Extended School Year Status (*ESY worksheet available at www.ncpublicschools.org/ec/policy/forms.*)

- Is not eligible for extended school year
- Is eligible for extended school year
- Eligibility is under consideration and will be determined by _____

X. Record of IEP Team Participation (*Note with an * any team member who used alternative means to participate.*)

A. IEP Team. The following were present and participated in the development and writing of the IEP.

| Name | Position | Date |
|-------|---------------------------|-------|
| _____ | LEA Representative | _____ |
| _____ | General Education Teacher | _____ |
| _____ | Special Education Teacher | _____ |
| _____ | Parent | _____ |
| _____ | Student | _____ |
| _____ | | _____ |
| _____ | | _____ |
| _____ | | _____ |

Copy given/sent to parent(s): by _____ on _____.

INDIVIDUALIZED EDUCATION PROGRAM (IEP) ADDENDUM

Duration of Special Education and Related Services: From: _____ To: _____

Student: _____ DOB: _____

School: _____ Grade: _____

X. Record of IEP Team Participation continued*(Note with an * any team member who used alternative means to participate.)*

- B. Reevaluation. The IEP was reviewed at reevaluation and was found to be appropriate. An annual review of this IEP will be conducted on or before _____.

| Name | Position | Date |
|-------|---------------------------|-------|
| _____ | LEA Representative | _____ |
| _____ | General Education Teacher | _____ |
| _____ | Special Education Teacher | _____ |
| _____ | Parent | _____ |
| _____ | Student | _____ |
| _____ | | _____ |
| _____ | | _____ |

XI. Amending the IEPThe IEP was amended due to a disciplinary change in placement. yes no**A. IEP Addendum Team.**

The following were present and participated in the development and writing of the addendum to the IEP.

| Name | Position | Date |
|-------|---------------------------|-------|
| _____ | LEA Representative | _____ |
| _____ | General Education Teacher | _____ |
| _____ | Special Education Teacher | _____ |
| _____ | Parent | _____ |
| _____ | Student | _____ |
| _____ | | _____ |
| _____ | | _____ |

B. Amending the IEP without holding a meeting after the annual IEP Team meeting for the school year. The parent and LEA agreed that the IEP could be amended by _____ on _____ without holding a meeting. Copies of the amendment were provided to individuals responsible for implementing changes to the IEP by _____ on _____

Indicate page(s) and section(s) where any amendment(s) were made:

 A revised copy of the IEP with amendments incorporated was provided to parent(s) on _____ by _____.