

Special Services Cooperative
 510 E. Highway 24
 Wamego KS 66547
 785-456-9195

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Individualized Education Plan

Legal Name: _____	KIDS ID: _____
First Parent: _____	Birthdate: _____
Phones: home: _____ mom: _____ dad: _____	Age at IEP: _____
Address: _____	Grade: _____
	Comp Evaluation: _____
Second Parent: _____	IEP Meeting: _____
Phones: home: _____ mom: _____ dad: _____	Initiation: _____
Other: _____	
Phones: home: _____ mom: _____ dad: _____	
Neighborhood School: _____	Attendance Building: _____

Special Education Services

Related Services

Anticipated frequency:

Duration:

Location:

Goals

AREAS OF NEED ADDRESSED ON IEP:

READING	WRITTEN LANGUAGE	MATH	SCIENCE	SOCIAL STUDIES
<input type="checkbox"/> MILD	<input type="checkbox"/> MILD	<input type="checkbox"/> MILD	<input type="checkbox"/> MILD	<input type="checkbox"/> MILD
<input type="checkbox"/> MODERATE	<input type="checkbox"/> MODERATE	<input type="checkbox"/> MODERATE	<input type="checkbox"/> MODERATE	<input type="checkbox"/> MODERATE
<input type="checkbox"/> SIGNIFICANT	<input type="checkbox"/> SIGNIFICANT	<input type="checkbox"/> SIGNIFICANT	<input type="checkbox"/> SIGNIFICANT	<input type="checkbox"/> SIGNIFICANT

(MILD 1 YR., MODERATE 2-4 YRS. SIGNIFICANT + 5 YRS BELOW GRADE LEVEL)
 LOCATION: GENERAL ED = G SPECIAL ED = S BOTH = B

PACING	R	W	M	S	SS
<input type="checkbox"/> avoid times situations					
<input type="checkbox"/> vary activities					
<input type="checkbox"/> extended time*					

ASSIGNMENTS	R	W	M	S	SS
<input type="checkbox"/> lower reading level					
<input type="checkbox"/> direction in small group					
<input type="checkbox"/> written directions					

Describe: _____

CLASSROOM	R	W	M	S	SS
<input type="checkbox"/> after seating					
<input type="checkbox"/> change room					
<input type="checkbox"/> limit distractions					
<input type="checkbox"/> *other					
*Other: _____					

<input type="checkbox"/> alternative assignments					
<input type="checkbox"/> lower difficulty leave					
<input type="checkbox"/> shorter assignments					
<input type="checkbox"/> fewer paper/pencil tasks					
<input type="checkbox"/> read directions					
<input type="checkbox"/> oral cues and prompts					
<input type="checkbox"/> student tapes/types work					
<input type="checkbox"/> alternative setting					
<input type="checkbox"/> extended time*					
*Describe: _____					

TEACHING	R	W	M	S	SS
<input type="checkbox"/> individual instruction					
<input type="checkbox"/> group instruction					
<input type="checkbox"/> auditory/visual					
<input type="checkbox"/> multisensory					
<input type="checkbox"/> taped lecture					
<input type="checkbox"/> hands on activities					
<input type="checkbox"/> demonstrations					
<input type="checkbox"/> preteach					
<input type="checkbox"/> note taking assistance					
<input type="checkbox"/> provide guided outlines					
<input type="checkbox"/> *other					
*Other: _____					

TESTING	R	W	M	S	SS
<input type="checkbox"/> read test/tape test					
<input type="checkbox"/> oral responses					
<input type="checkbox"/> shorten test					
<input type="checkbox"/> modify test format					
<input type="checkbox"/> different types of tests					
<input type="checkbox"/> shortened answers					
<input type="checkbox"/> multiple choice					
<input type="checkbox"/> dictate essay answers					
<input type="checkbox"/> alternative setting					
<input type="checkbox"/> extended time*					
*Describe: _____					

MATERIALS	R	W	M	S	SS
<input type="checkbox"/> taped textbooks					
<input type="checkbox"/> highlighted textbooks					
<input type="checkbox"/> modified curriculum					
<input type="checkbox"/> bold or large print					
<input type="checkbox"/> modified text					
<input type="checkbox"/> calculator, computer					
<input type="checkbox"/> word banks, vocab lists					
*Other: _____					

STUDENT SUPPORT	R	W	M	S	SS
<input type="checkbox"/> immediate feedback					
<input type="checkbox"/> positive feedback					
<input type="checkbox"/> check for understanding					
<input type="checkbox"/> cooperative learning					
<input type="checkbox"/> peer help					
<input type="checkbox"/> student repeats directions					
<input type="checkbox"/> help w/ organization					
<input type="checkbox"/> *other					
*Other: _____					

Behavior Intervention Plan