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

* If a required member of the IEP team has been excused from participating in the meeting with parental consent, note the excusal in the required team member's space.

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Consider relevant data. List the sources of information used to develop the IEP.

Describe the present levels of academic achievement and functional performance including how the student'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(e)1]**.**

For preschool students, review the preschool day to determine what accommodations and modifications may be required to allow the child to participate in the general education classroom and activities. [N.J.A.C. 6A:14-3.7(c)11].

Include other educational needs that result from the student's disability [N.J.A.C. 6A:14-3.7(e)3ii].

In addition, consider each special factor identified in N.J.A.C. 6A: 14-3.7(c) (The Need for technical consultation; Behavioral needs; Language needs; Communication needs; Auditory needs; Need for assistive technology devices and services; and visual needs.). If in considering the special factors, the IEP team determines that the student needs a particular device or service (including an intervention, accommodation or other program modification) to receive a free, appropriate public education, the IEP must include a statement to that effect in the appropriate section. If a factor is not applicable, note as such.

STATEMENT OF TRANSITION PLANNING

Beginning with the IEP in place for the school year when the student will turn age 14, or younger, if appropriate, develop the long range educational plan for the student's future. Review annually.

Statement of the student's strengths, interests and preferences.

APPROPRIATE MEASURABLE POSTSECONDARY GOALS

Postsecondary Education: (Including, but not limited to, college, vocational training, and continuing and adult education)

Employment/Career:

Community Participation: (Including, but not limited, to recreation and leisure activities, and participation in community organizations)

Independent Living:

COURSES OF STUDY

Considering the student's strengths, interests, preferences, and desired postsecondary goals, list the specific courses of study for the period of time covered by this IEP. Include both general education and special education courses. When appropriate, identify the courses of study projected for future years.

Grade___ Courses of Study (List course names):

Grade___ Projected Courses of Study (List course names):

Grade___ Projected Courses of Study (List course names):

Grade___ Projected Courses of Study (List course names):

RELATED STRATEGIES AND/OR ACTIVITIES

In addition to the courses listed above, list related strategies and/or activities that are consistent with the student's strengths, interests, and preferences, and are intended to assist the student in developing or attaining postsecondary goals related to training, education, employment and, if appropriate, independent living.

STATEMENT OF CONSULTATION
❑ **Information/advice is needed from Division of Vocational Rehabilitation Services or other agency or agencies. List the name of any agency from which consultation is needed:**
NAME OF SCHOOL STAFF PERSON WHO WILL BE THE LIAISON TO POSTSECONDARY RESOURCES:
STATEMENT OF NEEDED INTERAGENCY LINKAGES AND SCHOOL DISTRICT RESPONSIBILITIES
As appropriate to the anticipated needs of the student, list all agencies to which the student will be referred by the school district liaison to postsecondary resources in the spaces below. List the responsibility of the school district and/or student/parent(s) with respect to contacting each agency listed and providing needed information or documentation to each such agency.
AGENCY: School district responsibilities: **Student/parent responsibilities:**
AGENCY: School district responsibilities: **Student/parent responsibilities:**
AGENCY: School district responsibilities: **Student/parent responsibilities:**

B

STATEMENT OF TRANSITION SERVICES: COORDINATED ACTIVITIES/STRATEGIES

Beginning with the IEP in place for the school year when the student will turn age 16 or younger, if appropriate, complete the following multi-year plan for promoting movement from school to the student's desired post-school goals. The student's needs, strengths, interests and preferences in each area (instruction, community experiences, etc.) must be considered and responsibilities should be shared among participants (student, parent, school staff, outside agencies, employers, etc.).

Activities/Strategies Related to Measurable Postsecondary Goals	Expected Date of Implementation	Person or Agency Arranging and/or Providing Services
Instruction – Postsecondary Education/Training		
Related Services		
Community Experiences		

B

STATEMENT OF TRANSITION SERVICES NEEDED TO ATTAIN MEASURABLE POSTSECONDARY GOALS:

COORDINATED ACTIVITIES/STRATEGIES (Continued)

Activities/Strategies Related to Measurable Postsecondary Goals	Expected Date of Implementation	Person or Agency Arranging and/or Providing Services
Employment		
Adult Living Objectives		
Daily Living Skills		
Functional Vocational Evaluation		

TRANSFER OF RIGHTS AT AGE OF MAJORITY

<u>OPTION I</u>: At least three years before the student reaches age 18, a statement that the student and the parent(s) have been informed of the rights that will transfer to the student on reaching the age of majority, unless the parent(s) obtain guardianship [N.J.A.C. 6A:14-3.7(e)14]. The district may use the following description to document that the student and parent(s) have been informed of the rights that will transfer. The IEP team <u>may</u> include this statement at age 14 when transition planning begins.

On *(Date)*, *(Name of Student)* will turn age 18 and become an adult student. The following rights will transfer to *(Name of Student)*:

- The school district must receive written permission from *(Name of Student)* before it conducts any assessments as part of an evaluation or reevaluation and before implementing an IEP for the first time.
- The school must send a written notice to *(Name of Student)* whenever it wishes to change or refuses to change the evaluation, eligibility, individualized education program (IEP), placement, or the provision of a free, appropriate public education (FAPE).
- You, the parent(s), may not have access to *(Name of Student)*'s educational records without his/her consent, unless he/she continues to be financially dependent on you.
- The district will continue to provide you, the parent(s), with notice of meetings and of any proposed changes to your adult child's program.
- Any time *(Name of Student)* disagrees with his/her special education program, he/she is the only one who can request mediation or a due process hearing to resolve any disputes arising in those areas.

If *(Name of Student)* wishes, he/she may write a letter to the school giving you, the parent(s), the right to continue to act on his/her behalf in these matters.

<u>OPTION II</u>: At least three years before the student reaches age 18, a statement that the student and the parent(s) have been informed of the rights that will transfer to the student on reaching the age of majority unless the parent(s) obtain guardianship [N.J.A.C. 6A:14-3.7(e)14]. The district may inform the student and the parent(s) by letter of the rights that will transfer. If a letter is used, complete the following:

❑ **_____ was informed in writing on _____of the rights that will transfer to him/her at age eighteen.**
(Name of Student) (Date)

❑ **_____ was/were informed in writing on _____ of the rights that will transfer at age eighteen.**
(Name of Parent[s]) (Date)

BEHAVIORAL INTERVENTIONS

N.J.A.C. 6A:14-3.7(c)4 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:**

< **Documentation of prior interventions and student response:**

< **Description of the positive supports/interventions, including the conditions under which the supports/interventions will be implemented:**

< **Procedures for data collection to evaluate the effectiveness of the interventions:**

  < **Conditions under which the supports/interventions are changed:**

  < **Conditions under which the supports/interventions will be terminated:**

< **Parental involvement:**

ACADEMIC AND/OR FUNCTIONAL AREA:		
ANNUAL MEASURABLE ACADEMIC AND/OR FUNCTIONAL GOAL: (Academic goals should be related to the Core Curriculum Content Standards through the general education curriculum unless otherwise required according to the student's educational needs. Preschool academic goals should be related to the Preschool Teaching & Learning Expectations: Standards of Quality)		
BENCHMARKS OR SHORT TERM OBJECTIVES:	CRITERIA	EVALUATION PROCEDURES

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 and be educated with 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(e)4]. Identify any assistive technology devices and services to be provided. Attach additional pages as necessary.	
State the modifications to enable the student to participate in the general education curriculum.	State the supplementary aids and services.

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. Identify any assistive technology devices and services to be provided. Attach additional pages as necessary.	
State the modifications to enable the student to participate in the general education curriculum.	State the supplementary aids and services.

SUPPORTS FOR SCHOOL PERSONNEL
State the supports for school personnel that will be provided for the student [N.J.A.C. 6A:14-3.7(e)4].

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(e)16].

METHOD	SCHEDULE

RATIONALE FOR REMOVAL FROM GENERAL EDUCATION

Decisions regarding placement are based on the individual needs of students and must begin with consideration of the general education setting. The purpose of this page is to document the discussions that have occurred with respect to accommodations, modifications, and supplementary aids and services in each academic or functional area that are necessary to educate the student in the general education setting.

If the student will be included in the general education setting for more than 80% of the time, *no rationale is required*. Items 1 through 3 of this section of the IEP need not be completed or included in the student's IEP.

If a student will not be included in the general education setting for more than 80% of the time, items 1 through 3 below MUST be completed for each CONTENT/SUBJECT AREA.

1. Identify the supplementary aids and services that were considered to implement the student's annual goals. [N.J.A.C. 6A:14-4.2(a)8i]. Explain why they are not appropriate to meet the student's needs in the general education class:

2. Document the comparison of the benefits provided in the regular class and the benefits provided in the special education class [N.J.A.C. 6A:14-4.2(a)8ii].

3. Document the potentially beneficial or harmful effects which a placement (in the general education class) may have on the student with disabilities or the other students in the class [N.J.A.C. 6A:14-4.2(a)8iii].

MODIFICATIONS IN EXTRACURRICULAR AND NONACADEMIC ACTIVITIES

State the modifications that will be provided to enable the student to participate in extracurricular and nonacademic activities [N.J.A.C. 6A:14-3.7(e)4ii]. Explain the extent, if any, to which the student will not participate with nondisabled peers in extracurricular activities and nonacademic activities [N.J.A.C. 6A:14-3.7(e)6]. In addition, for students in an out-of-district placement, delineate how the student will participate with nondisabled peers in extracurricular and nonacademic activities including, if necessary, returning the student to the district in order to facilitate such participation [N.J.A.C. 6A:14-3.7(e)17].

DOCUMENT THE PLACEMENT DECISION ACCORDING TO THE FOLLOWING CATEGORIES (Check ONLY ONE box):

*** NOTE: In accordance with federal data collection requirements, a student in an out-of-district segregated placement for 50% or more of the school day must be reported as being in that setting for the entire day, regardless of whether the student is in a general education setting for the remainder of the school day.**

STUDENTS WITH DISABILITIES AGES 6 – 21:

□ In the presence of General Education Students for 80% or more of the entire school day
□ In the presence of General Education Students between 40% and 80% of the entire school day
□ In the presence of General Education Students for less than 40% of the entire school day
□ Public Separate School (In buildings with **NO** General Education Students)*****
□ Private School for the Disabled (Only day educational costs paid by the district)*****
□ Private Residential School for the Disabled (**BOTH** day and residential costs paid by the district)
□ Home Instruction
□ Public Residential Facility (For reporting by State Agencies ONLY – Department of Human Services, Department of Children and Families; Department of Corrections; Juvenile Justice Commission)

STUDENTS WITH DISABILITIES AGES 3 -5:

□ Children Attending a General Early Child Program or Kindergarten for more than 80% of the school day
□ Children Attending a General Early Child Program or Kindergarten between 40% and 80% of the school day
□ Children Attending a General Early Child Program or Kindergarten less than 40% of the school day
□ Separate Class
□ Separate School
□ Residential Facility
□ Home
□ Service Provider Location

TRANSITION PLANNING FOR STUDENTS IN SEPARATE SETTINGS

For students in a separate setting (for all or part of a school day), set forth activities necessary to move the student to a less restrictive placement. A separate setting is defined as a building without general education students.

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(e)10].**

Determine whether the student needs an extended school year (ESY) program. An extended school year program is provided in accordance with the student's IEP when an interruption in educational programming causes the student's performance to revert to a lower level of functioning and recoupment cannot be expected in a reasonable length of time. [N.J.A.C. 6A:14-4.3(c)].

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 DISTRICTWIDE AND STATEWIDE ASSESSMENT PROGRAM			
Assessment	**Modifications / Accommodations [N.J.A.C. 6A:14-3.7(e)7]**	**If the student will not be participating in a subject area or areas of a districtwide or Statewide assessment, explain why that assessment is not appropriate [N.J.A.C. 6A:14-3.7(e)7i].**	**State how the student will be assessed if the student will not participate in Statewide or districtwide assessment.**
District Assessment:			
Grade 3 State Assessment ___Language Arts Literacy ___Mathematics			APA ___Language Arts Literacy ___Mathematics
Grade 4 State Assessment ___Language Arts Literacy ___Mathematics ___Science			APA ___Language Arts Literacy ___Mathematics ___Science
Grade 5 State Assessment ___Language Arts Literacy ___Mathematics			APA ___Language Arts Literacy ___Mathematics
Grade 6 State Assessment ___Language Arts Literacy ___Mathematics			APA ___Language Arts Literacy ___Mathematics
Grade 7 State Assessment ___Language Arts Literacy ___Mathematics			APA ___Language Arts Literacy ___Mathematics
Grade 8 Assessment ___Language Arts Literacy ___**Mathematics** ___**Science**			APA ___Language Arts Literacy ___Mathematics ___Science
___HSPA OR ___SRA ___Language Arts Literacy ___Mathematics ___Science			APA ___Language Arts Literacy ___Mathematics ___Science

GRADUATION REQUIREMENTS		
Beginning at age 14, identify the State and local graduation requirements that the student will be expected to meet. The statement must be reviewed annually. If the student is exempted from meeting any of the graduation requirements that all students are expected to meet or if any of the requirements are modified, provide a rationale below and list any alternate proficiencies the student is expected to achieve.		
State the Graduation Requirement	**If the student is NOT exempt from the requirement, place a ✓ in this column.**	**If the student is exempt from meeting the graduation requirement, provide a rationale for the exemption [N.J.A.C. 6A:14-3.7(e)9i].**
Attendance:		
Credit Hours:		
HSPA or SRA:		
Other (Local Graduation Requirements):		
Alternate Requirements(s): Provide a description of any alternate proficiencies to be achieved by the student to qualify for a State endorsed diploma [N.J.A.C. 6A:14-3.7(e)9ii].		

STATEMENT OF SPECIAL EDUCATION AND RELATED SERVICES				
State the special education services by instructional area. For in-class programs also state amount of time the resource or supplementary instruction teacher is present in the general education class [N.J.A.C. 6A:14-3.7(e)4 and N.J.A.C. 6A:14-3.7(e)8]. For pull-out replacement resource and special class programs, state the amount of instruction in each subject area, which must be equal to the amount of instructional time in general education for each subject area [N.J.A.C. 6A:14-4.1(l)].	**Dates the services will begin and end**	**Frequency**	**Location**	**Duration**
State the related services [N.J.A.C. 6A:14-3.7(e)4]. Include, as appropriate, a statement of integrated therapy services to be provided. Specify the amount of time the therapist will be in the classroom. If speech-language services are included, specify whether the services will be provided individually or in a group. Specify the group size. [N.J.A.C. 6A:14-3.7(e)5, N.J.A.C. 6A:14-3.7(e)8 and 6A:14-4.4(a)1i].	**Dates the services will begin and end**	**Frequency**	**Location**	**Duration**

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(g)1] and explain why the district has taken such action [N.J.A.C. 6A:14-2.3(g)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(g)3] .
Describe the procedures, tests, records or reports and factors used in determining the proposed action [N.J.A.C. 6A:14-2.3(g)4].
If applicable, describe any other factors that are relevant to the proposed action [N.J.A.C. 6A:14-2.3(g)5].

PROCEDURAL SAFEGUARDS STATEMENT

As the parent of a student who is, or may be determined, eligible for special education services or as an adult student who is, or may be determined, eligible for special education, you have rights regarding identification, evaluation, classification, 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, when a disciplinary action that constitutes a change in placement is imposed by your school district, and the first time a due process hearing or complaint investigation is requested. In addition, a copy will be provided to you at your request.

To obtain a copy of PRISE, please contact:

_____

School District Office or Personnel

Phone Number

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

_____

School District Representative

Phone Number

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

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

_____

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. **I/we have received a copy of the proposed IEP and give consent for the IEP services to start.** _____ **Signature** **Date**

IEP REVIEW. This form is to be used for all IEPs that are developed after consent for the initial IEP has been provided. Your signature is NOT required for implementation of this IEP after 15 days have expired from the date written notice was provided.

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 take no action, the IEP will be implemented after the 15th day from the date notice is provided.

If you disagree with the IEP and you do not request mediation or a due process hearing from the New Jersey Department of Education, Office of Special Education Programs, 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**