INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM REPORT

Date of IEP: Date of IEP: Date of Most Recent Evaluation IEP:
Team Meeting: Offer of FAPE: Resident District for Purpose of FAPE:
Student Name: Home Phone: Language in the Home:
Student’s Address: State: Age:
County: Zip Code: Grade:

PURPOSE

Purpose of IEP Team Meeting: Additional Purpose: None Date of Revision/Amendment:

These sections of the IEP have been modified:

PARTICIPANTS

☐ Student: ☐ Parent/Guardian:
☐ General Ed Teacher: ☐ Parent/Guardian:
☐ Special Ed Provider: ☐ School District Rep:
☐ Eval Team Rep: ☐ Other/Title:
☐ Other/Title:
☐ Other/Title:
☐ Other/Title:

These IEP Team members were absent, but submitted their input to the Team in writing:

General Ed Teacher: School District Rep:
Special Ed Provider: Special Ed Provider:
Other/Title: Other/Title:

STUDENT PROFILE AND ELIGIBILITY

In determining both eligibility and need for special education programs/services, the IEP Team must consider each of the following:

Student Strengths

Parent/Guardian Concerns

Current Evaluations

Based on 1) the current functioning, 2) the most recent evaluation findings and 3) any additional assessment information, does the IEP Team determine that this student has a disability that requires special education programs/services?

☐ No, is not eligible for special education

Primary Disability Qualifying Criteria Qualifying Criteria Medical Diagnosis

<table>
<thead>
<tr>
<th>Secondary Disability</th>
<th>Qualifying Criteria</th>
<th>Qualifying Criteria</th>
<th>Medical Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes □ No</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
## Secondary Transition Considerations

<table>
<thead>
<tr>
<th>Assessments</th>
<th>Student/Parent input</th>
<th>School Observation Data</th>
</tr>
</thead>
</table>

### Date of Educational Development Plan (EDP):

If student did not attend IEP, describe steps taken to ensure consideration of student's preferences/visions:

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## Student's Post-Secondary Vision and Transition Activities

**Career/Employment:** As an adult, what kind of work will you do?

### Career/Employment Assessment Results:
Present level assessment related to this vision statement.

<table>
<thead>
<tr>
<th>Is there a need for activities or services for Career/Employment?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explanation of activity/service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responsible Agency/Persons</td>
<td></td>
<td></td>
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<tr>
<td>Expected Completion Date</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Post-Secondary Education/Training:** After leaving school, what additional education and training will you do?

### Post-Secondary Education/Training Assessment Results:
Present level assessment related to this vision statement.

<table>
<thead>
<tr>
<th>Is there a need for activities or services for Post-Secondary Education/Training?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Activity</td>
<td></td>
<td></td>
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<tr>
<td>Explanation of activity/service</td>
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<td></td>
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<tr>
<td>Responsible Agency/Persons</td>
<td></td>
<td></td>
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<tr>
<td>Expected Completion Date</td>
<td></td>
<td></td>
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</tbody>
</table>

**Adult Living:** As an adult, what kind of living arrangements will you have?

### Adult Living Assessment Results:
Present level assessment related to this vision statement.

<table>
<thead>
<tr>
<th>Is there a need for activities or services for Adult Living?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explanation of activity/service</td>
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<tr>
<td>Responsible Agency/Persons</td>
<td></td>
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<tr>
<td>Expected Completion Date</td>
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</tbody>
</table>
**Community Participation**

As an adult, how will you want to be involved in your community?

**Community Participation Assessment Results**

Present level assessment related to this vision statement.

Is there a need for activities or services for Community Participation?  □ Yes  □ No

<table>
<thead>
<tr>
<th>Type of Activity</th>
<th>Explanation of activity/service</th>
<th>Responsible Agency/Patrons</th>
<th>Expected Completion Date</th>
</tr>
</thead>
</table>

**Course of Study**

Describe how the student's course of study aligns with the postsecondary vision:

Check Only One:

□ Michigan Merit Curriculum leading to a high school diploma or Personal Curriculum on file? □ Yes □ No

□ Course of Study leading to Certification of Completion

Is expected to graduate with a Regular Diploma during this IEP year? □ Yes □ No

Will complete age eligibility for Special Education services? □ Yes □ No

Anticipated graduation or completion date:

**Community Agency Involvement**

Was there a need to invite a community agency representative likely to provide current or future services? □ Yes □ No

If Yes, did agency representative attend? □ Yes □ No

Please list any additional steps taken to ensure that the student has made connections with any appropriate outside programs and services:

**Parental Rights and Age of Majority**

Check all that apply:

□ The student will be age 17 during this IEP and the student was informed of parental rights that he or she will receive at age 18.

□ The student has turned age 18 and the student and parent were informed of parental rights that were transferred to the student at age 18, including the right to invite a support person such as a parent, advocate, or friend.

□ The student has turned age 18 and there is a guardian established by court order. The guardian is:

□ The student has turned age 18 and a legally designated representative has been appointed. The representative is:

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3/15/2018
## Present Level of Academic Achievement and Functional Performance

Progress on most recent goals and objectives?

<table>
<thead>
<tr>
<th>Area of Need</th>
<th>Subarea of Need</th>
<th>Goal?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Data Sources and Description of Need

### Adverse Impact
SPECIAL FACTORS, SUPPLEMENTARY AIDS AND ASSESSMENTS

Supports and Modifications to the Environment, Behavior Training Needs, Social Interaction Supports for the Student, Health-Related Needs, Physical Needs, Transition aids and supports are provided to enable the student:

- To advance appropriately toward attaining the annual goals.
- To be involved and progress in the general education curriculum and to participate in extra-curricular and other nonacademic activities.
- To be educated and participate in activities with other students with disabilities and nondisabled students.

Explain the extent, if any, to which the student will not participate with nondisabled students:

The IEP team must consider the following areas of need for each student.

For the areas of need below, does require supports and/or services due to?

☐ Yes ☐ No Communication needs
☐ Yes ☐ No Need for assistive technology devices and services.

The IEP team must consider the following for the student, as appropriate.

☐ The use of positive behavioral interventions and supports, and other strategies, to address behavior because the student has behavior that impedes his or her learning or the learning of others.
☐ The language needs of the student because the student has limited English proficiency.
☐ Braille instruction because the student is blind or visually impaired.
☐ The mode of language and communication because the student is deaf or hard of hearing.

☐ Supplementary aids and services are needed at this time.

<table>
<thead>
<tr>
<th>Supplementary Aids/Program Modifications/Support for School Personnel</th>
<th>Frequency/Timeline</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

STATE ASSESSMENTS

Are state assessments required for the grade level(s) covered by this IEP?  ☐ Yes ☐ No

Does need to take an alternate assessment instead of a particular state assessment?  ☐ Yes ☐ No

To participate in the state assessment(s), will require accommodations and/or alternative assessments?  ☐ Yes ☐ No

Rationale:
### PERSONAL CARE SERVICES

Does the student have a chronic condition(s) that requires Personal Care Services (identified below) to enable (him/her) to accomplish Activities of Daily Living (ADL) in the areas(s) checked here:  □ Yes  □ No

<table>
<thead>
<tr>
<th>Area</th>
<th>Reason Personal Care Services are needed</th>
<th>Frequency / Timeline</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eating</strong></td>
<td></td>
<td></td>
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<tr>
<td>□ Eating/Feeding</td>
<td></td>
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<tr>
<td>□ Meal Preparation</td>
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<tr>
<td><strong>Grooming/Hygiene</strong></td>
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<tr>
<td>□ Bathing</td>
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<tr>
<td>□ Dressing</td>
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<tr>
<td>□ Grooming</td>
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<tr>
<td>□ Personal hygiene</td>
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<tr>
<td>□ Skin Care</td>
<td></td>
<td></td>
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<tr>
<td><strong>Health Related</strong></td>
<td></td>
<td></td>
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<tr>
<td>□ Assistance with self-administered medications</td>
<td></td>
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<tr>
<td>□ Health related functions through hands-on assistance, supervision and cueing</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>□ Intervention for Seizure Disorder</td>
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<td></td>
<td></td>
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<tr>
<td>□ Medical Equipment Maintenance</td>
<td></td>
<td></td>
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<tr>
<td><strong>Mobility</strong></td>
<td></td>
<td></td>
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<tr>
<td>□ Ambulation</td>
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<tr>
<td></td>
<td>□ Mobility</td>
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<td></td>
<td>□ Muscle Strengthening</td>
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<td></td>
<td>□ Positioning</td>
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<td></td>
<td>□ Transferring</td>
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<tr>
<td>Toileting</td>
<td></td>
<td>□ Toileting</td>
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<td></td>
<td>□ Maintaining continence</td>
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</tbody>
</table>
ACCOMMODATIONS AND ALTERNATE ASSESSMENT

For the listed state and district assessments, the IEP Team has determined that the following accommodations and/or alternative assessments are needed for to participate:

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Subtest</th>
<th>Time/Schedule</th>
<th>Setting</th>
<th>Presentation</th>
<th>Response</th>
</tr>
</thead>
</table>

Additional Information:

Alternate Social Studies Assessment determined by the District:

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Universal Accommodations</th>
<th>Designated Supports</th>
<th>Accommodations</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Objectives/Benchmarks</th>
<th>Criteria</th>
<th>Evaluations</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<tr>
<td>2</td>
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<td>3</td>
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<td>4</td>
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</tbody>
</table>

Staff Responsible for Goal: 

How will progress on goals and objectives be reported:

- [ ] Progress Reporting: Text Option
- [ ] Progress Reporting: Other Option (Specify):

Comments:

When will progress on goals and objectives be reported?

- [ ] Every Grading Period
- [ ] Other:
### Programs and Services

**Related Services with General Education and/or Special Education Programs**

- **Direct Service:** the primary mode of service is directly working with the student. There may be occasional consultation with others.
- **Consultative Service:** the primary mode of service is working with the teacher(s) and others having daily contact with the student. Direct work with the student is occasional.

**Current IEP Year: From Date**
- **To Date:**

**School Year:**
- **Grade:**

<table>
<thead>
<tr>
<th>Related Services</th>
<th>Start Date</th>
<th>End Date</th>
<th>Service Mode</th>
<th>Minutes</th>
<th>Sessions</th>
<th>Frequency</th>
<th>Setting within Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Low Min</td>
<td>Expected Minutes</td>
<td>High Min</td>
<td>Low Number</td>
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<td></td>
<td>Direct</td>
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<td></td>
<td></td>
<td>Consultive</td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Programs</th>
<th>Departmentalized</th>
<th>Start Date</th>
<th>End Date</th>
<th>Offered At</th>
<th>Provided By</th>
<th>SE</th>
<th>GE</th>
<th>Total</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Low Min</td>
<td>Expected Minutes</td>
<td>High Min</td>
<td>Low Min</td>
</tr>
</tbody>
</table>

- **Are you sure the student has no programs?**
- **Does the student require a reduced day?**
  - Yes
  - No
  - If yes, then reduced day is allowed for:
**OTHER CONSIDERATIONS**

**TRANSPORTATION PROVISIONS**

Has the IEP Team determined that requires special transportation?

☑ No, transportation is not required or general education transportation is sufficient to meet's needs. ☑ Yes, special transportation is required due to the following:

- The recommended programs/services are not available in 's regular attendance area.
- The medical, health or developmental and/or behavioral needs of this student necessitate special transportation.

Transported By: ☐ ISD ☐ Local District

<table>
<thead>
<tr>
<th>Vehicle Type</th>
<th>Stop Type</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Describe other required transportation provisions not listed in the table above:

**EXTENDED SCHOOL YEAR**

☐ The IEP Team has considered the anticipated needs of this student including the need for extended school year (ESY) services

☐ ESY services are needed

**ANTICIPATED NEEDS AND OTHER COMMENTS**

Other Comments related to this IEP:

☐ Yes ☐ No
NOTICE REGARDING PROVISION OF SPECIAL EDUCATION

STUDENT INFORMATION

Student:
Birthdate:
Age:
Grade:
Date of IEP Team Meeting:
Resident District for Purpose of FAPE:
Student Primary Language:
Language in the Home:

PURPOSE

This notice is a result of the Individualized Education Program (IEP) Team meeting that was held on the date listed above for the following purpose(s):

Primary Purpose:
Additional Purpose:
Date of Revision/Amendment:

INITIAL PROVISION OF PROGRAMS AND SERVICES
You are receiving this notice because, based upon the Initial IEP Team meeting, was found eligible for special education/services. We are proposing to implement [list here] IEP. Upon district signature this notice and ‘s IEP constitute the districts offer of a Free Appropriate Public Education (FAPE).

Pending receipt of your written consent, programs/services/supplementary aids will start on:
The following person will assure implementation of this IEP:

NOTICE FOR PROVISION OF PROGRAMS AND SERVICES
You are receiving this notice because, based upon the most recent IEP Team meeting, remains eligible for special education programs/services. Upon district signature, this notice and ‘s IEP constitute the district’s offer of a Free Appropriate Public Education (FAPE).

All programs/services/supplementary aids will start on:
The following person will assure implementation of this IEP:

NOTICE OF INELIGIBILITY FOR SPECIAL EDUCATION PROGRAMS AND SERVICES
You are receiving this notice because, based upon the Initial IEP Team meeting, was found ineligible for special education programs/services. If age-appropriate, the district will support using resources in general education.

NOTICE OF DISCONTINUATION OF SPECIAL EDUCATION PROGRAMS AND SERVICES
You are receiving this notice because, based upon the most recent IEP Team meeting, was found ineligible for provision of special education programs/services. If age-appropriate, the district will support using resources in general education.

All programs/services/supplementary aids will end on:

OPTIONS CONSIDERED
The IEP Team Report describes the assessment/evaluation procedures and data used during the IEP Team meeting. The following options were considered but not selected for the reason(s) indicated below:

<table>
<thead>
<tr>
<th>Considered Options</th>
<th>Reasons Not Selected</th>
</tr>
</thead>
</table>

Other relevant factors to the district’s proposal or refusal:

RESOURCES FOR PARENTS

The that you received describes protections under the Individuals with Disabilities Education Act (IDEA). Information is also available from:

- MICHIGAN ALLIANCE FOR FAMILIES, 1819 South Wagner Road, PO Box 1406, Ann Arbor, MI 48106; 1-800-552-4821; www.michiganallianceforfamilies.org
- MICHIGAN DEPARTMENT OF EDUCATION, OFFICE OF SPECIAL EDUCATION AND EARLY INTERVENTION SERVICES, PO Box 30008, Lansing, MI 48909; 1-517-373-0923; www.michigan.gov/mode
- MICHIGAN PROTECTION AND ADVOCACY, 4095 Legacy Parkway, Suite 500, Lansing, MI 48911-4263; 1-800-288-5923; www.mpas.org

SIGNATURES

The school district superintendent/designee agrees with the recommendation of the IEP Team.

Resident District Superintendent/Designee:

Date:

District Commitment and FAPE date must occur within seven (7) days of the IEP Meeting Date.

The school district superintendent/designee assures that the least restrictive environment has been fully considered and assigns this student to the following:

☐ The resident district
☐ An operating district

Operating District:

Building/Program:

https://tienet.jcisd.org/templatesprintblank.aspx?pt=2&template=46&secs=465,568,467,0
☐ The resident district authorizes the operating district to conduct subsequent IEP Team meetings.
☐ The operating district was previously authorized by the resident district to conduct subsequent IEP Team meetings.

Resident District
Superintendent/Designee: ________________________________ Date: __________________

Operating District
Superintendent/Designee: ________________________________ Date: __________________

PARENT/GUARDIAN/STUDENT
Parent consent is required for the initial provision of special education programs and/or services.
I/We, as parent/guardian/student:
☐ Give consent to the initial provision of special education programs/services
☐ Decline to give consent to the initial provision of special education programs/services
☐ Consent was not received within 10 school days

Parent/Guardian/Student: ________________________________ Date: __________________

Office Use Only

Initial IEP Timeliness Code
Part C Transition Timeliness