

Individualized Education Program (IEP)

School District: _____ Annual Meeting Date: ____/____/____

IEP Case Manager: _____ Next Annual Review Date: ____/____/____

Next 3-year Re-evaluation Date: ____/____/____ Effective date of Revision : ____/____/____

Child's Name: _____ Date of Birth: ____/____/____

Disability Category: _____ Child Count ID #: _____

School or Program: _____ Grade Assigned: _____

Parent/Guardian: _____ Telephone #: _____

Address: _____

Initiation and Duration of the IEP:____/____/____ to ____/____/____
____/____/____ to ____/____/____**Initiation and Duration of Extended Year Services:**

____/____/____ to ____/____/____

IEP Team Members	Printed Name/Position/Agency (check box if in attendance)
Name:	Parent(s)/Guardian/Educational Surrogate (circle one) <input type="checkbox"/>
Name:	Child (when appropriate) <input type="checkbox"/>
Name:	Local Education Agency (LEA) Representative <input type="checkbox"/>
Name:	Special Education Teacher or Service Provider <input type="checkbox"/>
Name:	Early Childhood Education Teacher <input type="checkbox"/>
Name:	Individual who can interpret the instructional implications of evaluation results <input type="checkbox"/>
Name:	Other: <input type="checkbox"/>

Others with knowledge of the child*	Position/Agency/Community-based Childcare Setting
Name:	
Name:	
Name:	

*With parental consent, include individuals from CIS/Early Intervention if child is transitioning from EI services to EEE at age 3

Transition from Part C to Part B Data Collection

Only complete this section for children who have received Part C CIS/EI services and are eligible for Part B EEE services at age 3

Action	Date written notification from Part C (CIS/EI) was received in district	Transition Meeting Held >90 days prior to 3 rd B-day	Late Referral Notification <90 days prior to 3 rd B-day	Date IEP was developed	Parental consent was received (Form 6)
Date Completed					

Individualized Education Program Present Levels of Educational and Functional Performance

Child's Name: _____ **IEP Meeting Date:** ____/____/____

This section should provide a concise overview of the child's current skills and serve as the basis of the child's program planning and service delivery for the upcoming year. Describe the child's present levels of development across each global outcome area including functional performance, abilities, acquired skills and strengths relative to the Vermont Early Learning Standards and/or developmentally appropriate expectations. As appropriate, address the following areas:

Briefly describe the child, his/her interests, and how the child's developmental delay or medical condition affects his/her access to and participation in age appropriate activities.

MEDICAL History: *(physical, hearing, vision, CDC report, etc.) Briefly describe how the child's disability or medical condition affects his/her access to and participation in age appropriate activities.*

Child STRENGTHS: *Consider child's strengths across the three early childhood outcome (ECO) areas:*

- A. Social emotional skills and relationship:**
- B. Acquisition and use of knowledge and skills:**
- C. Taking action to meet needs:**

Child CONCERNS: *Consider child's concerns across the three early childhood outcome (ECO) areas:*

- A. Social emotional skills and relationship:**
*If behavior is a concern, has a functional behavior assessment been considered and/or conducted?**
- B. Acquisition and use of knowledge and skills:**
- C. Taking action to meet needs:**

Child NEEDS: *(consider and prioritize the necessary supports in order for the child to access and participate in age appropriate activities within a regular early childhood setting with his/her same-age peers and/or within their home environment.)*

- A. Social emotional skills and relationship:**
*If behavior is a concern, is an FBA intervention plan needed?**
- B. Acquisition and use of knowledge and skills:**
- C. Taking action to meet needs:**

OTHER CONSIDERATIONS: *(safety/health; school district partnerships with community-based early childhood programs (Act 62); functional behavior assessment (FBA)*; private early childhood programs; home-visiting; community-based child and family resources (Children's Integrated Services, transportation; disability awareness; advocacy needs, etc)*

Early Childhood Outcomes *Considering the child strengths, concerns and needs complete an ECO culminating statement for each of the three Early Childhood Outcome areas. ECO reporting is required upon entry and exit of EEE services.*

ECO A. Social-emotional skills and relationships: ☐ ECO B. Acquisition & use of knowledge and skills: ☐ ECO C. Take action to meet needs: ☐

*Foundations for Early Learning (FEL) Functional Behavior Assessment Forms can be located on-line at www.vt.gov

IEP for _____

IEP Meeting Date: ____/____/____

Global Outcome Area: 

Vermont Early Learning Standards: 

Please check one or more of the domain areas that you are addressing within this outcome area:

☐ *social/emotional* ☐ *adaptive* ☐ *communication* ☐ *fine/gross motor* ☐ *cognitive skills*

Current developmental skill level:

Current functional ability: *(Consider how the child uses discrete skills (as stated above) ‘in order to’ or ‘so that’ it is meaningful, intentional and functional within the context of everyday activities, routines and transitions. Focus on the child’s engagement, approaches to learning and independence in developmentally appropriate activities across a variety of settings.)*

1. Goal:

Progress Review

Progress is reported as often as the school district conducts parent/teacher conferences (on at least two occasions) or as determined necessary by the IEP team.

Short-term Objectives, Benchmarks, Evaluation Procedures and Personnel Responsible

For review of this outcome/goal and progress monitoring data, we, the team, have evidence that demonstrates the:

a)

Review 1 Date:	Review 2 Date:	Review 3 Date:	Review 4 Date:	
				Child’s skills in this area are not evidenced.
				Child’s skills are emerging but inconsistently demonstrated.
				Child’s skills are progressing and being maintained across <i>some</i> settings/adults/peers/materials
				The child has mastered this outcome/goal across multiple settings/adults/peers/materials

Comments:

IEP for _____

IEP Meeting Date: ____/____/____

Global outcome cont'd:**Short-term Objectives, Benchmarks, Evaluation Procedures and Personnel Responsible****Progress Review cont'd**

For review of this outcome/goal and progress monitoring data, we, the team, have evidence that demonstrates the:

b)

Review 1 Date:	Review 2 Date:	Review 3 Date:	Review 4 Date:	
				Child's skills in this area are not evidenced.
				Child's skills are emerging but inconsistently demonstrated.
				Child's skills are progressing and being maintained across <i>some</i> settings/adults/peers/materials
				The child has mastered this outcome/goal across multiple settings/adults/peers/materials

Comments:

c)

For review of this outcome/goal and progress monitoring data, we, the team, have evidence that demonstrates the:

Review 1 Date:	Review 2 Date:	Review 3 Date:	Review 4 Date:	
				Child's skills in this area are not evidenced.
				Child's skills are emerging but inconsistently demonstrated.
				Child's skills are progressing and being maintained across <i>some</i> settings/adults/peers/materials
				The child has mastered this outcome/goal across multiple settings/adults/peers/materials

Comments:

Individualized Education Program

Special Education Services, Related Services, Consent to Bill Medicaid

Child's Name: _____ **IEP Meeting Date:** ____/____/____

The IEP team determines the special education, related services, and supplementary aids and services based on peer reviewed research, to the extent practical, that are needed for the child to receive FAPE.

Special Education Services <i>(Specify ECO area & specific developmental domain(s) being addressed)</i> <i>Service: (List service e.g., Case Management, specialized instruction, speech/language therapy, 1:1 support, etc.)</i>	Init Date	End Date	Freq	Time	Location	Provider	Group Size
ECO <input type="checkbox"/> Developmental Domain <input type="checkbox"/> Service: Case Management							
ECO <input type="checkbox"/> Developmental Domain <input type="checkbox"/> Service:							
ECO <input type="checkbox"/> Developmental Domain <input type="checkbox"/> Service:							

Related Services	Init Date	End Date	Freq	Time	Location	Provider	Group Size
ECO <input type="checkbox"/> Developmental Domain <input type="checkbox"/> Service:							
ECO <input type="checkbox"/> Developmental Domain <input type="checkbox"/> Service:							

Extended School Year Services	Init Date	End Date	Freq	Time	Location	Provider	Group Size
ECO <input type="checkbox"/> Developmental Domain <input type="checkbox"/> Service:							
ECO <input type="checkbox"/> Developmental Domain <input type="checkbox"/> Service:							
ECO <input type="checkbox"/> Developmental Domain <input type="checkbox"/> Service:							

Parental Consent to Bill Medicaid

As the parent/guardian, I give permission ☐ or do not give permission ☐ to the school district to bill Medicaid for the eligible services listed above. This permission also allows the release of necessary special education records to a physician or nurse practitioner in order for him/her to reach a determination that the services are medically necessary; as well as to individuals within the Department of Education and the Agency of Human Services charged with processing Medicaid bills for those services above that are considered medical services under Vermont Medicaid rules. I understand that if I refuse to consent, my refusal will not affect the school district's responsibility to provide these services to my child at no cost to me. I understand that I may revoke this consent at any time and, if I revoke this consent, it will apply to billing for services from that date forward.

**Individualized Education Program
Early Childhood Educational Environment/Placement**

Child's Name: _____ **IEP Meeting Date:** ____/____/____

Describe the child's early childhood educational environment/placement:

An explanation of the extent, if any, to which the preschooler will not participate with same age peers in a regular early childhood setting:

The general characteristics of the child's early childhood education environment/placement (ages 3-5):

- ☐ Child is attending a regular early childhood program **10 or more** hours per week.
 - ☐ and receives at least 50% of their special education services in the regular early childhood program
 - ☐ and receives at least 50% of their special education services in some other location
- ☐ Child is attending a regular early childhood program **less than 10** hours per week
 - ☐ and receives at least 50% of their special education services in the regular early childhood program
 - ☐ and receives at least 50% of their special education services in some other location
- ☐ Child is not attending a regular early childhood program and receives special education services in:
 - ☐ a separate special class
 - ☐ a separate school
 - ☐ a residential facility
 - ☐ their home
 - ☐ the service provider's location or another location

Accommodations, Modifications, Assistive Technology and/or Supplementary Aids

Identify environmental accommodations, curriculum modifications, supplementary aids, assistive technology etc. that will support the child's access to and participation in a regular early childhood setting and/or in age appropriate activities.

**Program Modifications/Supports for the Child, Preschool Personnel and
Parents as well as Other Options Considered by the IEP Team**

Identify the program modifications, supports and training that will be provided for preschool personnel and family to implement the IEP:

Early Childhood Outcomes and PreK (Act 62) Assessment Data Collection and Reporting

Child's Name: _____ IEP Meeting Date: ____/____/____






PreK (Act 62) Assessment and Early Childhood Outcomes Reporting

(please check appropriate box or boxes)

☐ For VT DOE reporting purposes, the IEP team has determined that the child's annual progress will be assessed using the GOLD (required statewide PreK assessment measurement)

☐ For VT DOE reporting purposes, the IEP team has determined that the child's annual progress will be assessed using an alternative assessment measure e.g., Battelle Developmental Inventory (BDI); Trans-disciplinary Play-based Assessment (TPBA); Assessment, Evaluation and Programming System (AEPS), etc.

Early Childhood Outcomes Entry, Exit and Progress Data Collection

*EEE Entry Date:  *EEE Exit Date: 	Outcome Area	Entry *	Annual Review	Annual Review	Exit *	Progress at exit?
	a. Positive Social Emotional Skills					
	b. Acquisition and use of new knowledge/skills					
	c. Taking action to meet needs					

_____ 's Outcome Progress Summary

