

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student's Name:

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Age

Student's Name: _____

IEP Team Meeting Date (mm/dd/yy): _____

IEP Implementation Date (Projected Date when Services and Programs Will Begin): _____

Anticipated Duration of Services and Programs: _____

Date of Birth: _____

Age: _____

Grade: _____

Anticipated Year of Graduation: _____

Local Education Agency (LEA): _____

County of Residence: _____

Name and Address of Parent/Guardian/Surrogate: _____ Phone (Home): _____

_____ Phone (Work): _____

Other Information: _____

The LEA and parent have agreed to make the following changes to the IEP without convening an IEP meeting, as documented by:

Date of Revision(s)	Participants/Roles	IEP Section(s) Amended

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IEP TEAM/SIGNATURES

The Individualized Education Program team makes the decisions about the student's program and placement. The student's parent(s), the student's special education teacher, and a representative from the Local Education Agency are required members of this team. Signature on this IEP documents attendance, not agreement.

Role	Printed Name	Signature
Parent/Guardian/Surrogate		
Parent/Guardian/Surrogate		
Student*		
Regular Education Teacher**		
Special Education Teacher		
Local Ed Agency Rep		
Career/Tech Ed Rep***		
Community Agency Rep		
Teacher of the Gifted****		

* The IEP team must invite the student if transition services are being planned or if the parents choose to have the student participate.

** If the student is, or may be, participating in the regular education environment.

*** As determined by the LEA as needed for transition services and other community services.

**** A teacher of the gifted is required when writing an *IEP* for a student with a disability who also is gifted. One individual listed above must be able to interpret the instructional implications of any evaluation results.

Written input received from the following members:

Transfer of Rights at Age of Majority

For purposes of education, the age of majority is reached in Pennsylvania when the individual reaches 21 years of age. Likewise, for purposes of the Individuals with Disabilities Education Act, the age of majority is reached for students with disabilities when they reach 21 years of age.

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PROCEDURAL SAFEGUARDS NOTICE

I have received a copy of the *Procedural Safeguards Notice* during this school year. The *Procedural Safeguards Notice* provides information about my rights, including the process for disagreeing with the IEP. The school has informed me whom I may contact if I need more information.

Signature of Parent/Guardian/Surrogate: _____

MEDICAL ASSISTANCE PROGRAM BILLING NOTICE

(Applicable only to parents who have consented to the release of billing information to Medical Assistance programs)

I understand that the school may charge the School-Based Access Program ("SBAP")—or any program that replaces or supplements the SBAP—the cost of certain special education and related services described in my child's IEP. To make these charges to the SBAP, the school will release to the administrator of that program the name, age, and address of my child, verification of Medicaid eligibility for my child, a copy of my child's IEP, a description of the services provided and the times and dates during which such services were provided to my child, and the identity of the provider of such services. *I understand that such information will not be disclosed, and such charges will not be made, unless I consent to the disclosure.* I acknowledge that I have provided written consent to disclose such information.

I understand that my consent is ongoing from year-to-year unless and until I withdraw it. I can withdraw my consent in writing, or orally if I am unable to write, at any time. My refusal to consent or my withdrawal of consent will not relieve the school of the obligation to provide, at no cost to me or my family, any service or program to which my child is entitled under the Individuals with Disabilities Education Act ("IDEA") or that is necessary to enable my child to receive a free appropriate public education as described in my child's IEP.

I understand that the school cannot—

Require me or my family to sign up for or enroll in any public benefits or insurance program, such as Medicaid, as a condition of receiving a free appropriate public education for my child;

Require me or my family to incur any expense for the provision of a free appropriate public education to my child, including co-payments and deductibles, unless it agrees to pay such expenses on my or my family's behalf;

Cause a decrease in available lifetime coverage or any other insured benefit;

Cause me or my family to pay for services that would otherwise be covered by a public benefits or insurance program and that are required for my child outside the time that he or she is in school;

Risk the loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.

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I. SPECIAL CONSIDERATIONS THE IEP TEAM MUST CONSIDER BEFORE DEVELOPING THE IEP. ANY FACTORS CHECKED AS "YES" MUST BE ADDRESSED IN THE IEP.

Is the student blind or visually impaired?

Yes

The IEP must include a description of the instruction in Braille and the use of Braille unless the IEP team determines, after an evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the student's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is not appropriate for the student.

No

Is the student deaf or hard of hearing?

Yes

The IEP must include a communication plan to address the following: language and communication needs; opportunities for direct communications with peers and professional personnel in the student's language and communication mode; academic level; full range of needs, including opportunities for direct instruction in the student's language and communication mode; and assistive technology devices and services. Indicate in which section of the IEP these considerations are addressed. The Communication Plan must be completed and is available at www.pattan.net

No

Does the student have communication needs?

Yes

Student needs must be addressed in the IEP (i.e., present levels, specially designed instruction (SDI), annual goals, etc.)

No

Does the student need assistive technology devices and/or services?

Yes

Student needs must be addressed in the IEP (i.e., present levels, specially designed instruction, annual goals, etc.)

No

Does the student have limited English proficiency?

Yes

The IEP team must address the student's language needs and how those needs relate to the IEP.

No

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Does the student exhibit behaviors that impede his/her learning or that of others?

Yes

The IEP team must develop a Positive Behavior Support Plan that is based on a functional assessment of behavior and that utilizes positive behavior techniques. Results of the functional assessment of behavior may be listed in the Present Levels section of the IEP with a clear measurable plan to address the behavior in the Goals and Specially Designed Instruction sections of the IEP or in the Positive Behavior Support Plan if this is a separate document that is attached to the IEP. A Positive Behavior Support Plan and a Functional Behavioral Assessment form are available at www.pattan.net

No

Other (specify):

II. PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Include the following information related to the student:

- Present levels of academic achievement (e.g., most recent evaluation of the student, results of formative assessments, curriculum-based assessments, transition assessments, progress toward current goals)
- Present levels of functional performance (e.g., results from a functional behavioral assessment, results of ecological assessments, progress toward current goals)
- Present levels related to current postsecondary transition goals if the student's age is 14 or younger if determined appropriate by the IEP team (e.g., results of formative assessments, curriculum-based assessments, progress toward current goals)
- Parental concerns for enhancing the education of the student
- How the student's disability affects involvement and progress in the general education curriculum
- Strengths
- Academic, developmental, and functional needs related to student's disability

III. TRANSITION SERVICES - This is required for students age 14 or younger if determined appropriate by the IEP team. If the student does not attend the IEP meeting, the school must take other steps to ensure that the student's preferences and interests are considered. Transition services are a coordinated set of activities for a student with a disability that is designed to be within a results oriented process, that is focused on improving the academic and functional achievement of the student with a disability to facilitate the student's movement from school to post school activities, including postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation that is based on the individual student's needs taking into account the student's strengths, preferences, and interests.

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POST SCHOOL GOALS - Based on age appropriate assessment, define and project the appropriate measurable postsecondary goals that address education and training, employment, and as needed, independent living. Under each area, list the services/activities and courses of study that support that goal. Include for each service/activity the location, frequency, projected beginning date, anticipated duration, and person/agency responsible.

For students in Career and Technology Centers, CIP Code:

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Postsecondary Education and Training Goal:					Measurable Annual Goal Yes/No (Document in Section V)
Courses of Study:					
Service/Activity	Location	Frequency	Projected Beginning Date	Anticipated Duration	Person(s)/Agency Responsible
Employment Goal:					Measurable Annual Goal Yes/No (Document in Section V)
Courses of Study:					
Service/Activity	Location	Frequency	Projected Beginning Date	Anticipated Duration	Person(s)/Agency Responsible

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Independent Living Goal, if appropriate:					Measurable Annual Goal Yes/No (Document in Section V)
Courses of Study:					
Service/Activity	Location	Frequency	Projected Beginning Date	Anticipated Duration	Person(s)/Agency Responsible

IV. PARTICIPATION IN STATE AND LOCAL ASSESSMENTS

Instructions for IEP Teams:

Please select the appropriate assessment option. Information on available testing accommodations may be found in the Accommodations Guidelines available on www.education.pa.gov

State Assessments

Not Assessed

	No statewide assessment is administered at this student's grade level.
	No English proficiency assessment administered because the student is not an English Learner.

PSSA (Math and English Language Arts (ELA) administered in grades 3-8; Science administered in grades 4 and 8)

Tested Subject	Without Accommodations	With Accommodations	Accommodations to be Provided
Math			
Science			
ELA			

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Keystone Exam (Replaces the 11th grade PSSA in high school; Student must participate by 11th grade)

Tested Subject	Without Accommodations	With Accommodations	Accommodations to be Provided
Algebra 1			
Literature			
Biology			

Keystone Project Based Assessment (Available when student is unable to demonstrate proficiency on a Keystone Exam or Keystone Exam module.)

Tested Subject	Without Accommodations	With Accommodations	Accommodations to be Provided
Algebra 1			
Literature			
Biology			

Validated Local Assessment (Available when selected as option by LEA)

Tested Subject	Without Accommodations	With Accommodations	Accommodations to be Provided
Algebra 1			
Literature			
Biology			

PASA (Administered in grades 3-8, 11 for English Language Arts (ELA) and Math; Grades 4, 8, 11 for Science)

Student will participate in the PASA:

The IEP team must review each of Pennsylvania's 6 eligibility criteria to determine participation in the PASA. The IEP team must answer "YES" to ALL six criteria in order for the student to participate in the PASA. If the answer is "NO" to any of the questions, the student must participate in the PSSA/ Keystones with or without accommodations, as determined appropriate by the IEP team.

1. Will the student be in grade 3,4,5,6,7,8, or 11 by September 1st of the school year during which the IEP will be operative?
2. Does the student have significant cognitive disabilities? Pennsylvania defines significant cognitive disabilities as pervasive and global in nature, affecting student learning in all academic content areas, as well as adaptive behaviors and functional skills across life domains.
3. Does the student require intensive, direct, and repeated instruction in order to learn and generalize academic, functional, and adaptive behavior skills across multiple settings?
4. Does the student require extensive adaptations and support in order to perform and/or participate meaningfully and productively in the everyday life activities of integrated school, home, community, and work environments?
5. Does the student require substantial modifications to the general education curriculum?
6. Does the student's participation in the general education curriculum differ substantially in form and/or substance from that of most other students? Students found eligible to take the PASA must have measurable annual goals AND short-term objectives reflected in the IEP.

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Student's Name:

Student will participate in the PASA.

Explain why the student cannot participate in the PSSA or the Keystone Exams, even with accommodations:

Explain why the PASA is appropriate considering the six eligibility criteria:

Explain any specific accommodations the student may require on the PASA (i.e., Assistive Technology, Signing):

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ACCESS for ELs (Administered in grades K-12)

Domains	Without Accommodations	With Accommodations	Unable to Participate	Accommodations to be Provided or Rationale for Inability to Participate in Selected Domains
Listening				
Reading				
Writing				
Speaking				

Alternate ACCESS for ELs (Administered in grades 1-12)

Student will participate in the Alternate ACCESS for ELs.

Explain why the student cannot participate in the ACCESS for ELs:

Explain why the Alternate ACCESS for ELs is appropriate:

Domains	Without Accommodations	With Accommodations	Unable to Participate	Accommodations to be Provided or Rationale for Inability to Participate in Selected Domains
Listening				
Reading				
Writing				
Speaking				

Local Assessments

- Local assessment is not administered at this student's grade level; OR
- Student will participate in local assessments without accommodations; OR
- Student will participate in local assessments with the following accommodations; OR

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The student will take a local alternate assessment.

Explain why the student cannot participate in the local regular assessment:

Explain why the local alternate assessment is appropriate:

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student's Name:

V. GOALS AND OBJECTIVES - Include, as appropriate, academic and functional goals. Use as many copies of this page as needed to plan appropriately. Specially designed instruction may be listed with each goal/objective or listed in Section VI.

Short-term learning outcomes are required for students who are gifted. The short-term learning outcomes related to the student's gifted program may be listed under Goals or Short-Term Objectives.

MEASURABLE ANNUAL GOAL Include: Condition, Name, Behavior, and Criteria (Refer to Annotated IEP for description of these components)	Describe HOW the student's progress toward meeting this goal will be measured	Describe WHEN periodic reports on progress will be provided to parents	Report of Progress

SHORT-TERM OBJECTIVES - Required for students with disabilities who take an alternate assessment aligned to alternate achievement standards (PASA).

Short-term objectives / Benchmarks

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VI. SPECIAL EDUCATION / RELATED SERVICES / SUPPLEMENTARY AIDS AND SERVICES / PROGRAM MODIFICATIONS - Include, as appropriate, for nonacademic and extracurricular services and activities.

A. PROGRAM MODIFICATIONS AND SPECIALLY DESIGNED INSTRUCTION (SDI)

- SDI may be listed with each goal or as part of the table below.
- Include supplementary aids and services as appropriate.
- For a student who has a disability and is gifted, SDI also should include adaptations, accommodations, or modifications to the general education curriculum, as appropriate for a student with a disability.

<i>Modifications and SDI</i>	<i>Location</i>	<i>Frequency</i>	<i>Projected Beginning Date</i>	<i>Anticipated Duration</i>

B. RELATED SERVICES - List the services that the student needs in order to benefit from his/her special education program.

<i>Service</i>	<i>Location</i>	<i>Frequency</i>	<i>Projected Beginning Date</i>	<i>Anticipated Duration</i>

C. SUPPORTS FOR SCHOOL PERSONNEL - List the staff to receive the supports and the supports needed to implement the student's IEP.

<i>School Personnel to Receive Support</i>	<i>Support</i>	<i>Location</i>	<i>Frequency</i>	<i>Projected Beginning Date</i>	<i>Anticipated Duration</i>

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D. GIFTED SUPPORT SERVICES FOR A STUDENT IDENTIFIED AS GIFTED WHO ALSO IS IDENTIFIED AS A STUDENT WITH A DISABILITY - Support services are required to assist a gifted student to benefit from gifted education (e.g., psychological services, parent counseling and education, counseling services, transportation to and from gifted programs to classrooms in buildings operated by the school district).

<i>Support Service</i>	
<i>Support Service</i>	
<i>Support Service</i>	

E. EXTENDED SCHOOL YEAR (ESY) - The IEP team has considered and discussed ESY services, and determined that:

Student IS eligible for ESY based on the following information or data reviewed by the IEP team:

OR

As of the date of this IEP, student is NOT eligible for ESY based on the following information or data reviewed by the IEP team:

The Annual Goals and, when appropriate, Short-Term Objectives from this IEP that are to be addressed in the student's ESY Program are:

If the IEP team has determined ESY is appropriate, complete the following:

<i>ESY Service to be Provided</i>	<i>Location</i>	<i>Frequency</i>	<i>Projected Beginning Date</i>	<i>Anticipated Duration</i>

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Student's Name:

VII. EDUCATIONAL PLACEMENT

A. QUESTIONS FOR IEP TEAM - The following questions must be reviewed and discussed by the IEP team prior to providing the explanations regarding participation with students without disabilities.

It is the responsibility of each public agency to ensure that, to the maximum extent appropriate, students with disabilities, including those in public or private institutions or other care facilities, are educated with students who are not disabled. Special classes, separate schooling or other removal of students with disabilities from the general educational environment occurs only when the nature or severity of the disability is such that education in general education classes, EVEN WITH the use of supplementary aids and services, cannot be achieved satisfactorily.

- What supplementary aids and services were considered? What supplementary aids and services were rejected? Explain why the supplementary aids and services will or will not enable the student to make progress on the goals and objectives (if applicable) in this IEP in the general education class.
- What benefits are provided in the general education class with supplementary aids and services versus the benefits provided in the special education class?
- What potentially beneficial effects and/or harmful effects might be expected on the student with disabilities or the other students in the class, even with supplementary aids and services?
- To what extent, if any, will the student participate with nondisabled peers in extracurricular activities or other nonacademic activities?

Explanation of the extent, if any, to which the student will not participate with students without disabilities in the regular education class:

Explanation of the extent, if any, to which the student will not participate with students without disabilities in the general education curriculum:

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B. Type of Support

1. Amount of special education supports

- Itinerant: Special education supports and services provided by special education personnel for 20% or less of the school day
- Supplemental: Special education supports and services provided by special education personnel for more than 20% of the day but less than 80% of the school day
- Full-Time: Special education supports and services provided by special education personnel for 80% or more of the school day

2. Type of special education supports

- Autistic Support
- Blind-Visually Impaired Support
- Deaf and Hard of Hearing Support
- Emotional Support
- Learning Support
- Life Skills Support
- Multiple Disabilities Support
- Physical Support
- Speech and Language Support

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student's Name: _____

C. Location of student's program

Name of School District where the IEP will be implemented: _____

Name of School Building where the IEP will be implemented: _____

Is this school the student's neighborhood school (i.e., the school the student would attend if he/she did not have an IEP)?

Yes

No. If the answer is "no," select the reason why not.

Special education supports and services required in the student's IEP cannot be provided in the neighborhood school

Other. Please explain:

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VIII. PENNDATA REPORTING: Educational Environment (Complete either Section A or B; Select only one Educational Environment)

To calculate the percentage of time inside the regular classroom, divide the number of hours the student spends inside the regular classroom by the total number of hours in the school day (including lunch, recess, study periods). The result is then multiplied by 100.

SECTION A: For Students Educated in Regular School Buildings with Non Disabled Peers - Indicate the Percentage of time INSIDE the regular classroom for this student:

Time spent outside the regular classroom receiving services unrelated to the student's disability (e.g., time receiving ESL services) should be considered time inside the regular classroom. Educational time spent in age-appropriate community-based settings that include individuals with and without disabilities, such as college campuses or vocational sites, should be counted as time spent inside the regular classroom.

Calculation for this Student:

Column 1	Column 2	Calculation	Indicate Percentage	Percentage Category
Total hours the student spends in the regular classroom per day	Total hours in a typical school day (including lunch, recess & study periods)	(Hours inside regular classroom ÷ hours in school day) x 100 = % (Column 1 ÷ Column 2) x 100 = %	Section A: The percentage of time student spends inside the regular classroom:	Using the calculation result - select the appropriate percentage category
			_____ % of the day	<input type="checkbox"/> INSIDE the Regular Classroom 80% or More of the Day <input type="checkbox"/> INSIDE the Regular Classroom 79-40% of the Day <input type="checkbox"/> INSIDE the Regular Classroom Less Than 40% of the Day

SECTION B: This section required only for Students Educated OUTSIDE Regular School Buildings for more than 50% of the day - select and indicate the Name of School or Facility on the line corresponding with the appropriate selection: (If a student spends less than 50% of the day in one of these locations, the IEP team must do the calculation in Section A)

- | | |
|--|--|
| <input type="checkbox"/> Approved Private School (Non Residential) _____ | <input type="checkbox"/> Other Public Facility (Non Residential) _____ |
| <input type="checkbox"/> Approved Private School (Residential) _____ | <input type="checkbox"/> Hospital/Homebound _____ |
| <input type="checkbox"/> Other Private Facility (Non Residential) _____ | <input type="checkbox"/> Correctional Facility _____ |
| <input type="checkbox"/> Other Private Facility (Residential) _____ | <input type="checkbox"/> Out of State Facility _____ |
| <input type="checkbox"/> Other Public Facility (Residential) _____ | <input type="checkbox"/> Instruction Conducted in the Home _____ |

EXAMPLES for Section A: How to Calculate PennData-Educational Environment Percentages

	Column 1	Column 2	Calculation	Indicate Percentage
	Total hours the student spends in the regular classroom-per day	Total hours in a typical school day (including lunch, recess & study periods)	(Hours inside regular classroom ÷ hours in school day) x 100 = % (Column 1 ÷ Column 2) x 100 = %	Section A: The percentage of time student spends inside the regular classroom:
Example 1	5.5	6.5	(5.5 ÷ 6.5) x 100 = 85%	85% of the day (Inside 80% or More of Day)
Example 2	3	5	(3 ÷ 5) x 100 = 60%	60% of the day (Inside 79-40% of Day)
Example 3	1	5	(1 ÷ 5) x 100 = 20%	20% of the day (Inside less than 40% of Day)

For help in understanding this form, an annotated IEP is available on the PaTTAN website at www.pattan.net Type "Annotated Forms" in the Search feature on the website. If you do not have access to the Internet, you can request the annotated form by calling PaTTAN at 800-441-3215.

个体化教育计划 (IEP)

学生姓名:

学龄

个体化教育计划 (IEP)

学生姓名: _____

IEP 团队会议日 (月/日/年): _____

IEP 实施日 (预计开始服务和计划的时间): _____

预计的服务和计划持续时间: _____

出生日期: _____

年龄: _____

年级: _____

预计毕业年份: _____

地方教育机构 (LEA): _____

居住所在县: _____

家长/监护人/代理人的姓名和地址: _____

电话 (家庭): _____

电话 (工作): _____

其他信息: _____

LEA 和家长已同意在不召开 IEP 会议的前提下, 对 IEP 做如下更改, 记录如下:

Empty rectangular box for recording IEP modifications.

修订日	参与者/角色	修订的 IEP 部分

个性化教育计划 (IEP)

学生姓名:

IEP 团队/签字

个性化教育计划团队就该生的课程和就学做出决定。该生的家长、特殊教育老师、来自地方教育机构的一位代表是这个团队的必要成员。请在 IEP 文件出勤表（而非协议）上签字。

职责	打印姓名	签名
家长/监护人/代理人		
家长/监护人/代理人		
学生*		
普通教育老师**		
特殊教育老师		
地方教育机构代表		
职业/技术教育代表***		
社区机构代表		
资优学生教师****		

* 如果计划提供过渡服务，或家长选择让学生参加，则 IEP 团队必须邀请该生。

** 如果学生正在参加或也许在参加普通教育环境。

*** 由 LEA 根据过渡服务和其他社区服务的需求而定。

**** 当为有天赋的残疾学生制定 IEP 时，需要一位资优学生教师。

上述人员必须能够解释任何评估结果的教学意义。

来自以下成员的书面意见:

达到法定成年年龄时的权利转移

就教育方面来说，宾夕法尼亚州的法定成年年龄是 21 岁。同样，就《残疾人教育法》而言，残疾学生的法定成年年龄是 21 岁。

个体化教育计划 (IEP)

学生姓名:

本人在本学年已经收到一份 *程序保障通知*。 *程序保障通知* 提供了有关本人权利的信息，包括对 IEP 提出异议的流程。学校已通知本人在需要更多信息时可以联系的人。

家长/监护人/代理人签名: _____

医疗援助计划账单通知 (仅适用于已同意向医疗援助计划披露账单信息的家长)

本人理解：学校可对基于学校的普及计划 (“SBAP”) 或替代或补充 SBAP 的任何计划收取本人孩子 IEP 中所述的某些特殊教育和相关服务的费用。为了收取 SBAP 的这些费用，校方将向计划管理人提供孩子的姓名、年龄和住址、孩子的医疗援助 (Medicaid) 资格核实资料、孩子的 IEP 复印件、所提供服务的说明以及向本人孩子提供此类服务的时间和日期，以及此类服务提供机构的身份证明。 *本人理解：除非征得我本人同意，否则学校不会披露此类信息且不会收取此类费用。* 本人承认已书面同意披露此类信息。

本人了解：除非本人撤销此类同意，否则此类同意将持续每年有效。本人可以随时书面撤销此类同意，若无法书写，则可以口头方式撤销。即便本人拒绝同意或撤销同意，亦不能免除学校免费向本人或本人的家庭提供孩子依据《残疾人教育法》 (“IDEA”) 有权享有的服务或计划的义务，或让孩子获得 IEP 所述免费适当的公共教育所需的服务或计划的义务。

本人了解学校不得：

要求本人或本人的家人报名参加医疗援助 (Medicaid) 等任何公共福利或保险计划，以此作为孩子享受免费适当的公共教育的条件；

要求本人或本人的家人为孩子享受免费适当的公共教育承担任何费用，包括共同支付与减免费用，除非学校同意代表本人或本人家人支付此类费用；

导致削减可享受的终身保障或其他任何保险福利；

导致本人或本人的家人承担本该由公共福利或保险计划承担的，本人孩子在校外时间所需服务的费用；

导致丧失基于健康相关总支出而享有的住房与社区豁免资格的风险。

个性化教育计划 (IEP)

学生姓名:

一、IEP 团队在拟定 IEP 前必须考虑的特别事项。以下选择“是”的事项必须体现在 IEP 中。

学生是否失明或存在视力障碍?

 是

IEP 必须提供盲文教学和盲文的使用方法，除非 IEP 团队在评估了学生的读写技能、需求和适当的读写媒介（包括评估学生未来对盲文教学和使用盲文的需求）后，认为盲文教学或使用盲文对该生不适用。

 否

学生是否失聪或存在听力障碍?

 是

IEP 必须包含一份沟通计划，涉及以下方面：语言和沟通需求、以学生的语言和交流方式与同龄人和专业人员直接交流的机会、学术水平，以及全面的需求，包括以学生的语言和交流方式直接教导的机会；辅助性技术设备和服务。指出这些考虑事项在 IEP 中的哪一部分。必须完成“沟通计划”，可登录 www.pattan.net 获取。

 否

学生是否有沟通需求?

 是

IEP 中必须体现学生需求（即当前水平、专门设计的教学（SDI）、年度目标等）

 否

学生是否需要辅助性技术设备和/或服务?

 是

IEP 中必须体现学生需求（即当前水平、专门设计的教学、年度目标等）

 否

学生的英语水平是否有限?

 是

IEP 团队必须说明学生的语言需求以及这些需求与 IEP 的关系。

 否

个性化教育计划 (IEP)

学生姓名:

学生是否表现出妨碍自己或他人学习的行为?

 是

IEP 团队必须制定“积极行为支持计划”，该计划立足于功能性行为评估，并且运用了积极行为法。功能性行为评估的结果可列于 IEP 的“当前水平”部分，以明确的可衡量的计划来阐明 IEP “目标与专门设计的教学”部分中的行为；或者若是作为一份独立文件附于 IEP 之后，则要在“积极行为支持计划”中列出。“积极行为支持计划”和功能性行为评估表可从 www.pattan.net 获取。

 否

其他事项 (请说明):

二、当前学术成绩和功能表现水平

包括与学生有关的如下信息:

- 当前学习成绩水平 (如学生的最近评估、形成性评估结果、课程评估、过渡评估、朝当前目标取得的进步)
- 当前功能表现水平 (如功能性行为评估结果、生态评估结果、朝当前目标取得的进步)
- 与当前中学后过渡目标相关的当前水平，前提是学生的年龄为 14 岁或不到 14 岁，并且 IEP 团队认为恰当 (如形成性评估结果、课程评估、朝当前目标取得的进步)
- 家长对加强学生教育的顾虑
- 学生的残疾是如何影响其参与通识教育课程并取得进步的
- 优势
- 与学生残疾有关的学术、发展和功能需求

三、过渡服务——若 IEP 团队认为恰当，需为年龄为 14 岁或不到 14 岁的学生提供。若学生不出席 IEP 会议，校方必须采取其他措施，确保考虑该生的偏好和兴趣。过渡服务是为残疾学生提供的一组协调活动，这组活动在面向结果的过程中提供，重点改善残疾学生的学业成绩和功能能力，从而促进学生从学校教育到离校后活动的转变，包括中学后的教育、职业教育、综合就业 (包括支持性就业)、继续教育和成人教育、成人服务、独立生活，或者以学生的需求为依据并考虑学生的能力、偏好和兴趣的社区参与情况。

中学教育后的目标 - 根据与年龄相符的评估情况，确定并规划适当的、可衡量的中学后目标，涉及教育和培训、就业和独立生活 (若有需要)。列出每个方面支持该目标的服务/活动和学习课程。包括每项服务/活动的地点、次数、计划开始日期、预计时长和责任人员/机构。

个体化教育计划 (IEP)

学生姓名:

对于“职业技术中心”的学生, CIP 代码:

--

中学后的教育培训目标:					可衡量的年度目标是/否 (记录于第五节中)
学习课程:					
服务/活动	地点	次数	计划开始日期	计划时长	责任人员/机构
就业目标:					可衡量的年度目标是/否 (记录于第五节中)
学习课程:					
服务/活动	地点	次数	计划开始日期	计划时长	责任人员/机构

个性化教育计划 (IEP)

学生姓名:

独立生活目标 (若适用):					可衡量的年度目标是/否 (记录于第五节中)
学习课程:					
服务/活动	地点	次数	计划开始日期	计划时长	责任人员/机构

四、参加州级和本地评估

IEP 团队须知:

请选择适用的评估方案。有关可用测试通融的相关信息, 请浏览 www.education.pa.gov 查阅通融指南

州级评估

未评估

	该生所在年级未开展全州评估。
	该生并非英语学习者, 因此未进行英语能力评估。

PSSA (数学和英语语言艺术 (ELA) 在 3-8 年级开考; 科学在 4 和 8 年级开考)

测试科目	无通融	有通融	待提供的通融
数学			
科学			
英语语言艺术 (ELA)			

个体化教育计划 (IEP)

学生姓名:

基石考试 (取代高中 11 年级 PSSA; 学生必须在 11 年级前参考)

测试科目	无通融	有通融	待提供的通融
代数 1			
文学			
生物			

基于基石项目的评估 (当学生无法在基石考试或基石考试模块中展示出熟练水平时提供)

测试科目	无通融	有通融	待提供的通融
代数 1			
文学			
生物			

经过验证的本地评估 (被 LEA 选为方案时提供)

测试科目	无通融	有通融	待提供的通融
代数 1			
文学			
生物			

PASA (英语语言艺术 (ELA) 和数学在 3-8 年级开考; 科学在 4、8、11 年级开考)

学生将参加 PASA:

IEP 团队必须审查宾夕法尼亚州的 6 大资格标准, 以确定是否参加 PASA。IEP 团队对所有六项标准的回答必须为“是”, 学生才能参加 PASA。如果任一问题的答案是“否”, 则该生必须在有通融或无通融 (由 IEP 团队决定适用的条件) 的情况下, 参加 PSSA/基石考试。

1. 在 IEP 执行期间, 学生在该学年 9 月 1 日之前是否就读 3、4、5、6、7、8 或 11 年级?
2. 学生是否存在重大的认知障碍? 宾夕法尼亚州将重大认知障碍定义为普遍性和全面性障碍, 影响学生在所有学术内容领域的学习, 以及各种生活领域的适应性行为和功能技能。
3. 学生是否需要强化、直接和重复的指导来学习和概括在多种环境下的学术、功能和适应性行为技能?
4. 学生是否需要广泛的适应和支持, 以便在综合的学校、家庭、社区和工作环境中有意义地、有成果地进行和/或参与日常生活活动?
5. 学生是否需要通识教育课程进行实质性修改?
6. 学生参与通识教育课程在形式和/或内容上是否与大多数其他学生有很大的不同? 有资格参加 PASA 的学生必须有可衡量的年度目标以及在

个性化教育计划 (IEP)

学生姓名:

IEP 中体现的短期目标。

学生将参加 PASA。

解释即便有通融，为何学生不能参加 PSSA 或基石考试：

--

解释为何在考虑了六项资格标准后，PASA 较为合适：

--

解释学生需要的有关 PASA 的具体通融（即辅助技术、签字）：

--

个体化教育计划 (IEP)

学生姓名:

ACCESS for ELs (幼儿园-12 年级进行)

领域	无通融	有通融	无法参加	待提供的通融或无法参加选定领域的理由
听力				
阅读				
写作				
口语				

Alternate ACCESS for ELs (幼儿园-12 年级进行)

该生将参加 Alternate ACCESS for ELs。

解释为何学生无法参加 ACCESS for ELs:

解释为何 Alternate ACCESS for ELs 较为合适:

领域	无通融	有通融	无法参加	待提供的通融或无法参加选定领域的理由
听力				
阅读				
写作				
口语				

本地评估

- 该生所在年级未开展本地评估; 或
- 该生将参加本地评估, 无需通融; 或
- 该生将参加本地评估, 需以下通融; 或

个体化教育计划 (IEP)

学生姓名:

该生将参加本地其他评估。

解释为何该生无法参加本地常规评估:

解释为何本地其他评估较为合适:

个体化教育计划 (IEP)

学生姓名:

五、目的和目标 - 包括学习和功能目标 (如适用)。若有必要, 可以复印该页, 以便合理计划。可以为每个目标/目的和/或在第六节列出专门设计的教学。

要求提供资优学生的短期学习成果。可在“目的或短期目标”下列出与学生的资优计划相关的短期学习成果。

可衡量的年度目标 包括: 状况、姓名、行为和标准 (参考有附注的 IEP, 了解这些部分的说明)	说明如何衡量孩子在实现 该目标过程中的进步情况	说明何时向家长提供定期进 展报告	进展报告

短期目标 - 如果残疾学生选择参加符合其它替代性成绩标准的替代评估项目 (PASA), 则必须填写此项内容。

短期目标/基准

个性化教育计划 (IEP)

学生姓名:

六、特殊教育/相关服务/辅助材料和服务/教育计划修改 - 包括非学业和课外服务及活动。

A. 计划修改和专门设计的教学 (SDI)

- 可以为每个目标列出 SDI，或在下表中列出。
- 包括辅助材料和服务（若适用）。
- 对于资优的残疾学生，SDI 应在适合残疾学生的程度内，对通识教育课程进行改编、调和或修改。

<i>修改和 SDI</i>	<i>地点</i>	<i>次数</i>	<i>计划开始日期</i>	<i>计划时长</i>

B. 相关服务 - 列出学生从其特殊教育计划受益所需的服务。

<i>服务</i>	<i>地点</i>	<i>次数</i>	<i>计划开始日期</i>	<i>计划时长</i>

C. 为校方人员提供的支持 - 列出接受支持的人员以及实施学生的 IEP 所需的支持。

<i>接受支持的校方人员</i>	<i>支持</i>	<i>地点</i>	<i>次数</i>	<i>计划开始日期</i>	<i>计划时长</i>

个性化教育计划 (IEP)

学生姓名:

D. 对鉴定为资优的残疾学生提供的资优学生支持服务 - 要求提供支持服务, 帮助资优学生从资优学生教育中受益 (如心理健康服务、家长咨询和教育、咨询服务、参加学区管理的教学楼教室内执行的资优计划的交通往返)。

支持服务	
支持服务	
支持服务	

E. 延长学年 (ESY) - IEP 团队考虑并讨论了 ESY 服务, 并认为:

根据以下信息或 IEP 团队审核的数据, 该生符合 ESY 的条件:

或

自 IEP 的实施之日起, 根据以下信息或 IEP 团队审核的数据, 该生不符合 ESY 的条件:

此 IEP 的年度目标和短期目标 (如适用) 将在学生的 ESY 计划中提出的包括:

若 IEP 团队已确定适合 ESY, 请填写下列信息:

待提供的 ESY 服务	地点	次数	计划开始日期	计划时长

个体化教育计划 (IEP)

学生姓名:

七、就学

A. IEP 团队的问题 - 在对与健全学生一同参与做出解释前, IEP 团队必须审核和讨论下列问题。

每个公共机构的职责, 是在最大程度上确保残疾学生 (包括公共机构或私立机构以及其它保健机构中的残疾学生) 和健全学生共同接受教育。只有在残疾性质或严重程度使得即便采用辅助材料和服务, 也无法令人满意地完成通识课堂教育的情况下, 才能采纳特殊课堂、单独的学校教育, 或让残疾学生离开普通教育环境的其他方式。

- 考虑提供哪些辅助材料和服务? 拒绝提供哪些辅助材料和服务? 解释辅助材料和服务能或不能让学生在普通教育课堂中, 朝 IEP 中的目标和目的 (如适用) 取得进步的原因。
- 提供辅助材料和服务的普通教育课堂对比特殊教育课堂, 各自有何益处?
- 对于残疾学生或班级中的其他学生, 提供辅助材料和服务对他们有哪些潜在的有益影响和/或有害影响?
- 残疾学生在何种范围内, 可与健全同龄人共同参与课外活动或其它非学业活动?

解释残疾学生不与健全学生共同参与普通教育课程的范围 (如有):

解释残疾学生不与健全学生共同参与通识教育课程的范围 (如有):

个性化教育计划 (IEP)

学生姓名:

B. 支持类型

1. 特殊教育支持的时间量

- 流动: 由特殊教育人员提供的特殊教育支持和服务为教学日的 20%或更少
- 补充: 由特殊教育人员提供的特殊教育支持和服务介于教学日的 20%以上、80%以下
- 全日制: 由特殊教育人员提供的特殊教育支持和服务为教学日的 80%或更多

2. 特殊教育支持的类型

- 自闭症支持
- 盲人-视力障碍支持
- 聋人和听力障碍支持
- 情感支持
- 学习支持
- 生活技能支持
- 多重残疾支持
- 身体支持
- 言语和语言支持

个性化教育计划 (IEP)

学生姓名:

C. 学生计划的实施地点

将实施 IEP 的学区名称:

将实施 IEP 的教学楼名称:

这所学校是否为该生的临近学校 (即若该生没有 IEP, 将就读的学校)?

是

否。如果回答“否”，请选择理由。

临近学校无法提供学生 IEP 中要求的特殊教育支持和服务

其他情况。请解释:

个体化教育计划 (IEP)

学生姓名:

八、PENNDATA 报告：教育环境（完成 A 或 B 部分；只选择一种教育环境）

用该生在通识课堂内的小时数除以教学日的总小时数（包括午餐、休息、学习时间），计算该生在通识课堂内的时间百分比。结果再乘以 100。

A 部分：对于与健全同龄人一起在普通教学楼接受教育的学生——标明该生在通识课堂内接受教育的时间百分比：

在通识课程课堂外接受与该生残疾无关的服务的时间（如接受 ESL 服务的时间），应视为通识课堂内的时间。花在与年龄相符的社区场所（场所中既有残疾人，也有健全人）——例如大学校园和职业场所——的教育时间，应视为通识课堂内的时间。

对该生的计算：

第 1 栏	第 2 栏	计算	指出百分比	百分比类型
该生每天花在通识课堂内的总小时数	一般教学日中的总小时数 (包括午餐、休息和学习时间)	$(\text{通识课堂内的小时数} \div \text{教学日中的小时数}) \times 100 = \%$ $(\text{第 1 栏} \div \text{第 2 栏}) \times 100 = \%$	A 部分：该生在通识课堂内的时间百分比：	利用计算结果，选择相应的百分比类型
			一天的 _____ %	<input type="checkbox"/> 通识课堂内的时间为当天的 80%或以上 <input type="checkbox"/> 通识课堂内的时间介于当天的 79-40%之间 <input type="checkbox"/> 通识课堂内的时间不到当天的 40%

B 部分：学生在普通教学楼以外接受教育的时间达到当天 50%以上的，才要求填写本部分——在与相应选择对应的行上，选择并指明学校或场所的名称：（如果学生在这些地点所花的时间不到当天的 50%，则 IEP 团队必须计算 A 部分）

- | | |
|--|---|
| <input type="checkbox"/> 批准的私立学校（走读） _____ | <input type="checkbox"/> 其他公立机构（走读） _____ |
| <input type="checkbox"/> 批准的私立学校（寄宿） _____ | <input type="checkbox"/> 医院/就近 _____ |
| <input type="checkbox"/> 其他私立机构（走读） _____ | <input type="checkbox"/> 矫正机构 _____ |
| <input type="checkbox"/> 其他私立机构（寄宿） _____ | <input type="checkbox"/> 州外机构 _____ |
| <input type="checkbox"/> 其他公立机构（寄宿） _____ | <input type="checkbox"/> 家中教学 _____ |

A 部分示例：如何计算 PennData——教育环境百分比

	第 1 栏	第 2 栏	计算	指出百分比
	该生每天花在通识课堂内的总小时数	一般教学日中的总小时数（包括午餐、休息、学习时间）	$(\text{通识课堂内的小时数} \div \text{教学日中的小时数}) \times 100 = \%$ $(\text{第 1 栏} \div \text{第 2 栏}) \times 100 = \%$	A 部分：该生在通识课堂内的时间百分比：
示例 1	5.5	6.5	$(5.5 \div 6.5) \times 100 = 85\%$	当天的 85% (通识课堂内占当天的 80%或以上)
示例 2	3	5	$(3 \div 5) \times 100 = 60\%$	当天的 60% (通识课堂内占当天的 40-79%)
示例 3	1	5	$(1 \div 5) \times 100 = 20\%$	当天的 20% (通识课堂内占当天的 40%以下)

欲获取理解这份表格的帮助，可从 PaTTAN 网站 www.pattan.net 获得有附注说明的 IEP；在网站搜索栏中输入“附注表”（Annotated Forms）。若您无法访问互联网，也可致电 800-441-3215，联系 PaTTAN 索取这份附注表。