

Individualized Education Program

For Students in Transition

(ages 14-21, or younger if appropriate)

Student Name:	IEP Team Meeting Date:
DOB: Age: Sex: Grade:	Date this IEP will be implemented:

Participants in the IEP Team meeting to develop this IEP:

Student

LEA Representative

Parent/Legal Education Decision Maker

Person to Interpret Evaluation Results

Parent/Legal Education Decision Maker

Other Participant / Position

General Education Teacher

Other Participant / Position

Special Education Teacher

Other Participant / Position

Have the student and parent been notified no later than the child's 17th birthday of the rights that will transfer to the student upon reaching age 18? Yes No

Reporting Progress Toward Annual Goals

How often will the Parent(s)/Legal Education Decision Maker be informed of the student's progress?
At least one time every **quarter** **8 weeks** **6 weeks** **4 weeks**,
which is at least as often as parents are informed of their nonexceptional children's progress.

By what means will the Parent(s)/Legal Education Decision Maker be informed of the student's progress?
Check all that apply: **written report** **parent-teacher conference** _____

Extended School Year (Students with Disabilities Only)

Are ESY services necessary for this student with a disability? Yes No

If the above answer is "Yes":

The IEP Team currently has enough information to determine necessary ESY services and they are contained in this IEP.

The IEP Team does not have enough information to determine necessary ESY services at this time.
The team will reconvene on this date: _____ to determine services and add them to the IEP.

Student's Desired Post-School Outcomes and Present Levels of Performance

Student's Desired Outcome	Present Level of Performance
Post-Secondary Training and Learning Opportunities:	Describe how the student's disability or giftedness affects involvement and progress in the general curriculum. (Include as appropriate health, vision, hearing, social & emotional status, general intelligence, academic performance, communicative status, and motor abilities.)
Future Employment:	Current Job Skills:

Student's Desired Post-School Outcomes and Present Levels of Performance, Cont.

Student's Desired Outcome	Present Level of Performance
Future Home/Independent Living:	Current Home/Independent Living Skills:
Future Community Participation:	Current Community Participation:
Future Recreation and Leisure:	Current Recreation and Leisure:

**Statement of Transition Service Needs
(ages 14-21, or younger if appropriate)**

School Year	Grade Level	List courses to be taken each year.	Credits Earned
	8th		
	9th		
	10th		
	11th		
	12th		
	Ages 18-21		

Total number of credits required by this district for graduation: _____

It is anticipated that this student will:

- Graduate with a High School Diploma.
- Complete their Educational Program or exit at the end of the school year during which the student becomes 21 years of age.

Anticipated month and year of graduation/completion of program: _____

Statement of Transition Service Needs (con't)
(ages 14-21, or younger if appropriate)

Transition Services	Special Education and Related Services	Agency(ies) and Responsibilities	Provider and Payer
Specially Designed Instruction	Describe the specially designed instruction to be provided, and the anticipated frequency, duration, and location of the instruction. (See KAR 91-40-1(jjj) for guidance.)		
Related Services	Describe the related services to be provided and the anticipated frequency, duration, and location of the related services. (See KAR 91-40-1(ccc) for guidance.)		

Statement of Transition Service Needs (con't)
(ages 14-21, or younger if appropriate)

Describe the supplementary aids and services that will be provided in the general education classroom and other education-related settings to enable the child to be educated with nondisabled children to the maximum extent appropriate. (See KAR 91-40-1(sss) for guidance.) What is the anticipated frequency, duration, and location of the supplementary aids and services to be provided?

Describe program modifications and accommodations that will occur in general education classrooms and other education-related settings, plus supports for school personnel, including training, to be provided. What is the anticipated frequency, duration, and location of the modifications, accommodations, and supports for school personnel to be provided?

Educational Placement

To what extent, if any, will the child not participate with nonidentified children in general education classes, the general education curriculum, extracurricular activities, and other nonacademic activities?
(If full participation is not possible in general education classes, the general education curriculum, extracurricular activities, or other nonacademic activities, please explain why.)

Educational Placement

The IEP Team has determined that for the student to have opportunities to participate with non-identified peers in extracurricular and nonacademic activities, regularly-scheduled special education and related services may not occur when their delivery would prevent the child from participating in field trips, assemblies, special events for the general education classroom or school, state or district-wide assessments, and other such activities including _____. **Yes** [] **No** []

Further clarification (if necessary):

Participation in District-Wide Assessments of Student Achievement

____ Student will participate in all district-wide assessments without accommodations.
____ Student will participate in district-wide assessments with these accommodations in the following content area(s):

____ Student will participate in district-wide assessments with these modifications in the following content area(s):

____ Student will participate in an alternate district-wide assessment as described below:

Participation in the State Assessments of Student Achievement

____ Student will participate in all State assessments without accommodations.

____ Student will participate in State assessments with these accommodations in the following content area(s):

____ Student will participate in the State Assessment with Modifications only in the following content area(s):

____ Student will participate in the Alternate State Assessment.

Statement of Needed Transition Services(ages 16-21, or younger if appropriate)

Each area must be considered by the IEP Team. After consideration, only areas determined necessary to meet the individual needs of the student must be addressed.

Transition Services	Needs and Activities	Agency(ies) and Responsibilities	Provider and Payer
Community Experiences			
Employment			
Adult Living and Post-School Objectives			
Daily Living			
Functional Vocational Assessment			

Agency Collaboration and Responsibilities (ages 16-21, or younger if appropriate)

School Year	Grade Level	Needed Service(s)	*Agency and Contact Person	Who Will Contact and When	Timeline for Delivery of Service(s)	Results and Outcomes

****If any agency identified by the IEP Team fails to provide services, the IEP Team must reconvene as soon as possible to identify alternate strategies and amend the IEP as necessary.***

Did the IEP Team determine that the student, if age 16 or older, may benefit from Kansas Rehabilitation Services (KRS) assistance? Yes No

If **Yes**, was consent to release confidential information obtained prior to KRS notification? Yes No
 If **No**, and KRS notification is not necessary, please explain:

Agency Collaboration and Responsibilities (ages 16-21, or younger if appropriate)

Title of Service Provider(s):
PLEP Baseline Data:

Short-Term Objectives or Benchmarks Gauging Progress Toward the Annual Goal:	How will progress be measured?	Monitoring: Is progress toward the annual goal adequate to achieve the goal?
#1		[] Yes [] No Date: Comments/Supporting Data:
#2		[] Yes [] No Date: Comments/Supporting Data:
#3		[] Yes [] No Date: Comments/Supporting Data:
#4		[] Yes [] No Date: Comments/Supporting Data:

Measurable Annual Goal:
