

Individualized Education Program (IEP)

Name:
Age:

ID#:
Grade:

Date of Birth:
School/Site:

Duration of Services: **From:** **To:**
(Excluding summer months and school holidays unless otherwise indicated)

IEP Type: SCHOOL AGE – Postsecondary Transition			
Purpose of IEP:			
<input type="checkbox"/> Annual Date:	<input type="checkbox"/> Temporary Date:	<input type="checkbox"/> Initial Date:	<input type="checkbox"/> Amended Date:
Most Recent Evaluation Date:			

Parent Rights Under IDEA: <ul style="list-style-type: none"> https://arksped.k12.ar.us/rules_regs_08/RevisionstoRulesandRegulationJuly2010/YOUR%20RIGHTS%20UNDER%20THE%20IDEA.pdf https://arksped.k12.ar.us/rules_regs_08/RevisionstoRulesandRegulationJuly2010/Spanish/Your%20Rights%20Under%20the%20IDEA%20-%20Spanish.pdf (Spanish version) 	Parent Rights Provided: <ul style="list-style-type: none"> <input type="checkbox"/> Personally Presented <input type="checkbox"/> Mail <input type="checkbox"/> E-mail 	Parent Method of Participation: <ul style="list-style-type: none"> <input type="checkbox"/> In Person <input type="checkbox"/> Through alternate means <input type="checkbox"/> Parent did not participate.
Excusal(s): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name(s) of Team Member(s) Excused: Parent Agreement to Excusal: <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____ Is excused member's area of curriculum being discussed? <input type="checkbox"/> Yes, written input was provided. <input type="checkbox"/> No		Translation/Interpretation Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:
<input type="checkbox"/> Parent/guardian input regarding enhancing the education of the child was considered. Parent/guardian input:		

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Present Level of Academic Achievement and Functional Performance
Child's strengths: <i>consider how strengths of the child relate to the child's postsecondary goals.</i>
Child's needs: <i>consider the academic, developmental, and functional needs resulting from the child's disability, which may require special education, related services, supplementary aids, supports for personnel, or modifications.</i>
Effect of the child's disability on his/her involvement in the general education curriculum: <i>for students with post-secondary transition plans, consider how the child's disability will affect the student's ability to reach his/her post-secondary goals. (what the student will do after high school.)</i>
A summary of the most recent data (including initial or most recent evaluation and district or statewide assessment, as appropriate) used to document strengths and needs:

Transfer of Rights: *In Arkansas, beginning not later than one year before a child reaches the age of majority under State law, age eighteen (18), except for a child with a disability who has been determined to be incompetent under state law, the child's IEP must include a statement that the child has been informed of his or her rights under Part B of the Act, if any, that will transfer to the child on reaching the age of majority, consistent with 34 CFR 300.520 and §9.00 of these regulations.*

- ☐ N/A for this student/IEP
☐ Date notification was given:

Corresponds with Indicator 13
Checklist Item #2

Initial Date of Transition Plan Development:		Student's Disability:			
Dates Plan was Reviewed (must be reviewed at least annually):					

Post-Secondary Transition Goals and Services

These goals and services are to be in place beginning not later than the first IEP to be in effect when the child turns 16, or younger if determined appropriate by the IEP Team and are to be reviewed at least annually and revised as needed.

List age appropriate transition assessments used annually in determining postsecondary goals and include year administered.	
ASSESSMENT	Year(s) Provided

Corresponds with Indicator 13
Checklist Item #3

Name:

ID#:

1) **REQUIRED** – Postsecondary Career/Employment Goal(s): After high school, what kind of work will you do?

After high school _____ (student's name/I) will:

Transition Activities/Services that will help student move toward Career/Employment Goal Indicated Above:	Responsible Party's Title	Semester/Year to be Implemented (e.g., Fall/15)

2) **REQUIRED** – Postsecondary Education/Training Goal(s): After high school, what additional education and training will you receive? (This education/training will be correlated to career/employment goals or independent living skill goals.)

After high school _____ (student's name/I) will:

Corresponds with Indicator 13
Checklist Item #1

Transition Activities/Services that will help student move toward Postsecondary Training Goal Indicated Above:	Responsible Party's Title	Semester/Year to be Implemented (e.g., Fall/15)

3) Postsecondary Independent Living Skills/Community Participation Goal(s): Before establishing a goal, make sure a variety of ILS are considered. Indicate areas of deficit for which this student needs to have addressed in activities in the transition plan in the goal statement. If there are no areas of deficit, then include a statement that acknowledges that here.

	Corresponds with Indicator 13 Checklist Item #4
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After high school _____ (student's name/I) will:

Transition Activities/Services that will help student move toward Independent Living Skills/ Community Participation Goal Indicated Above:	Responsible Party's Title	Semester/Year to be Implemented (e.g., Fall/15)

Consider the need for outside agency participation, as well as the need to invite the agency to the IEP meeting. If agencies are providing services to students to promote movement toward goals, include those appropriate activities in the IEP.

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Courses of Study

Based on the current goals, provide specific and individualized course of study. This must include courses the student will take in the upcoming year projected through the anticipated exit year. Courses must reasonably enable the student to meet his/her postsecondary goals. The description may be an individualized list of courses and/or a narrative focusing on specific skills/knowledge to be learned in a class.

- ☐ Narrative Description
☐ List of Courses Description

Corresponds with Indicator 13 Checklist Item #5

Narrative of Course Description:

List of Courses (Complete table below):

Subject	School Year:_____	School Year:_____	School Year:_____	School Year:_____
English				
Math				
Science				
History				
Foreign Language				
Art/Music				
Elective				
Elective				

Note: When planning a course of study, do not disregard graduation requirements.

Tip: It may not always be possible to match a student's postsecondary goals exactly with a class offered by the high school or if it doesn't fit into a particular year's schedule. Always consider courses that address soft skills or secondary skills that would help the student achieve his or her postsecondary goal or be successful in a postsecondary environment.