

**Virginia Department of Education's Sample IEP Form**  
For Use with Students up to Age Thirteen, as Appropriate

**TABLE OF CONTENTS**

The Virginia Department of Education does not require that schools use this sample IEP format; it is offered as a best practice example. The sample IEP form is divided into two sections. The first section includes those pages that are the foundation of all IEPs. The second section includes those pages that will be added to the IEP as needed and sample formats for other purposes.

**SECTION 1: Foundation of All IEPs**

- **Cover Page:** This page contains general information about the student and documentation of those individuals who participated in the development of the IEP. (page 3)
- **Factors for IEP Team Considerations:** This form may be used to document the team's consideration of the matters that the applicable regulations require the team to consider during the process of developing the IEP, along with any decisions made by the team regarding these matters. The documentation of these considerations, while not required, is best practice. However, all members of the IEP team must be aware of the factors that need to be considered by the IEP team during the development of the IEP. (page 4)
- **Present Level of Academic Achievement and Functional Performance** (pages 5-6)
- **Measurable Annual Goals/Progress Reports** (page 7)
- **Services, Accommodations/Modifications** (page 8)
- **Services, Participation in State and Divisionwide Accountability/Assessment System** (pages 9-10)
- **Services, Least Restrictive Environment, Placement** (pages 11-12)
- **Services, Least Restrictive Environment, Placement-Preschool only** (pages 13-14)
- **Prior Notice** (page 15)
- **Prior Written Notice** (page 16)

## **SECTION 2: Additional Forms as Needed**

- **Elementary IEP Process Checklist:** Example list that can be used to facilitate the IEP process. (page 18)
- **IEP Meeting Notice – Sample** (page 19-20)
- **Consent to Invite Agency Personnel – Sample** (page 21)
- **Cover Page – Medicaid Eligible Students:** This page contains general information about the student and documentation of those individuals who participated in the development of the IEP and assists in meeting the documentation requirements for Medicaid students for which services are billed. (pages 22-23)
- **Measurable Annual Goals/Progress Reports, continued** (page 24)
- **Short-term Objectives and/or Benchmarks:** to be used as needed. (page 25)
- **Progress Report Comments:** This page can be used to provide comments on progress report codes. (page 26)
- **Extended School Year Services:** This page addresses services beyond the normal school year/day, if needed. (page 27)

# INDIVIDUALIZED EDUCATION PROGRAM

## COVER PAGE

Student Name Allie Smith Page 1 of 16

Student ID Number 6789 Grade 1

DOB 01/01/2013 Age 6

Disability(ies) Speech-Language Impairment

Parent(s) Name Jacob and Elizabeth Smith

Email thesmithfamily@yahoo.com

Home Address 679 Willow Lane, Farmville, Virginia 23901

Primary (679) 231-8976

Secondary (679) 123-4567

Date of IEP meeting..... 11 / 1 / 2019

Date parent notified of IEP meeting..... 10 / 16 / 2019

This IEP will be reviewed no later than ..... 10 / 31 / 2020

Most recent eligibility date..... 8 / 7 / 2019

Next re-evaluation, including eligibility, must occur before ..... 8 / 7 / 2022

Copy of IEP given to parent (Name) Elizabeth Smith On (Date) 11 / 1 / 2019

IEP Teacher/Manager Lorie Jackson Phone Number (565) 142-8723

The Individualized Education Plan (IEP) that accompanies this document is meant to support the positive process and team approach. The IEP is a working document that outlines the student's vision for the future, strengths and needs. The IEP is not written in isolation. The intent of an IEP is to bring together a team of people who understand and support the student in order to come to consensus on a plan and an appropriate and effective education for the student. No two teams are alike and each team will arrive at different answers, ideas and supports and services to address the student's unique needs. The student and his/her family members are vital participants, as well as teachers, assistants, specialists, outside service providers, and the principal. When all team members are present, the valuable information shared supports the development of a rich student profile and education plan.

### PARTICIPANTS INVOLVED:

The list below indicates that the individual participated in the development of this IEP and the placement decision; it does not authorize consent. Parent consent is indicated on the "Prior Notice" page.

#### NAME OF PARTICIPANT

#### POSITION

Mrs. Susan Lesters

General Education Teacher

Mr. Alexander Camp

Coordinator/Administrative Designee

Mrs. Lorie Jackson

Special Education Teacher

Mrs. Elizabeth Smith

Parent

Ms. Aspen Mickles

Speech-Language Pathologist

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## INDIVIDUALIZED EDUCATION PROGRAM

### FACTORS FOR IEP TEAM CONSIDERATION

Student Name Allie Smith Date 11 / 1 / 2019 Page 4 of 16

Student ID Number: 6789

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During the IEP meeting, the following factors must be considered by the IEP team. Best practice suggests that the IEP team document that the factors were considered and any decision made relative to each. The factors are addressed in other sections of the IEP if not documented on this page (for example: see Present Level of Academic Achievement and Functional Performance).

#### **1. Results of the initial or most recent evaluation of the student;**

On 8/7/2019, Allie was re-evaluated and was administered the Clinical Evaluation of Language Fundamentals-5<sup>th</sup> Edition (CELF-V) which assessed her expressive and receptive skills. Standard scores between 85-115 are seen as average. Allie scored a 77 on the receptive language and a 74 on the expressive language interpreted as being in the low range.

#### **2. The strengths of the student;**

Allie is an intelligent and positive six-year-old who is in the first grade. Allie actively participates in class and completes all of her class work to the best of her ability. Allie is shy and becomes quiet when she is unsure of how to answer questions or complete class work.

#### **3. The academic, developmental, and functional needs of the student;**

Allie demonstrates difficulty expressing her wants, needs, and ideas in the classroom. Allie uses two-word utterances when communicating limiting her ability to answer questions verbally in class. Allie's writing reflects her verbal language. Allie writes one to two words and has difficulty creating simple sentences. These language difficulties have an impact on Allie's education and classroom effectiveness. She frequently demonstrates frustration in the classroom when there is class discussion and writing assignments. When Allie's teacher sits besides her while she works, Allie shows less frustration and aids in her completing assignments to the best of her ability.

#### **4. The concerns of the parent(s) for enhancing the education of their child;**

Allie's parents are concerned that she is not able to fully express how she feels and that she will fall behind in school. Mr. and Mrs. Freeze want Allie to receive the support she needs to succeed in the classroom.

#### **5. The communication needs of the student;**

Allie receives speech/language therapy to address her expressive/receptive language skills.

#### **6. The student's needs for benchmarks or short-term objectives;**

Allie does not have short-term objectives in place at this time.

#### **7. Whether the student requires assistive technology devices and services. When considering whether assistive technology is required, the IEP team may refer to the [Virginia Assistive Technology Resource Guide](#) to facilitate the discussions about goals and objectives, areas of difficulty, and whether AT devices or services are needed, and whether accessible instructional materials in alternate formats are needed.**

Allie does not require Assistive Technology in place at this time.

#### **8. In the case of a student whose behavior impedes his or her learning or that of others, consider the use of positive behavioral interventions, strategies, and supports to address that behavior;**

Allie's behavior does not impede the learning of herself or others.

#### **9. In the case of a student with limited English proficiency, consider the language needs of the student as those needs relate to the student's IEP;**

Allie is English proficient.

#### **10. In the case of a student who is blind or is visually impaired, provide for 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. When considering that**

**Braille is not appropriate for the child the IEP team may use the *Functional Vision and Learning Media Assessment for Students who are Pre-Academic or Academic and Visually Impaired in Grades K-12* (FVLMA) or similar instrument; and**

Allie is not blind or visually impaired.

**11. In the case of a student who is deaf or hard of hearing, consider the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode. The IEP team may use the Virginia Communication Plan when considering the student's language and communication needs and supports that may be needed.**

Allie is not deaf or hard of hearing.

## INDIVIDUALIZED EDUCATION PROGRAM

### PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Student Name Allie Smith Date 11/1/2019 Page 6 of 16

Student ID Number: 6789

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The Present Level of Academic Achievement and Functional Performance summarize the results of assessments that identify the student's interests, preferences, strengths and areas of need, including assistive technology and/or accessible materials. It also describes the effect of the student's disability on his or her involvement and progress in the general education curriculum, and for preschool children, as appropriate, how the disability affects the student's participation in appropriate activities. This includes the student's performance and achievement in academic areas such as writing, reading, mathematics, science, and history/social sciences. It also includes the student's performance in functional areas, such as self-determination, social competence, communication, behavior and personal management. Test scores, if included, should be self-explanatory or an explanation should be included, and the Present Level of Academic Achievement and Functional Performance should be written in objective measurable terms, to the extent possible. There should be a direct relationship among the desired goals, the Present Level of Academic Achievement and Functional Performance, and all other components of the IEP.

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#### **Strengths of the student:**

Allie is attentive throughout her classes and has minimal absences. Allie's teacher has stated that Allie does not exhibit behavioral problems. Even when Allie becomes frustrated, she does not have frustration outbursts. Allie is doing well in Math, Social Studies, and Science. Allie actively participates in class and completes all her work to the best of her ability. Allie's teacher shares Allie does well when working with peers in small group activities.

#### **Student's Area of Need:**

Allie needs to improve her expressive and receptive language abilities to enable her to follow directions and express her wants, needs, and opinions. Allie will also need assistance when creating simple sentences for assignments and following directions from the teacher with more than one step.

#### **Effect of Disability on Student:**

Due to Allie's language difficulties, she is soft spoken when answering questions in class and gives up when she cannot communicate her thoughts. When she is unsure of the directions, Allie becomes shy and appears to shut down for the rest of the class. Being unable to understand the directions for the task makes it difficult for Allie to complete assignments without assistance. Allie has difficulty forming sentences making it difficult for her to complete written tasks.

#### **Academic Performance:**

Allie tries her best on each assignment and consistently works to make her teacher proud. Allie demonstrates difficulty verbally answering the teacher's questions that require more than two words. Allie is performing well in all of her classes; however, she is performing slightly below grade level in writing, specifically in assignments that require her to write sentences. Also, Allie has to ask for a clarification often to understand directions presented by the teacher and on assignments.

#### **Functional Performance:**

Allie is currently functioning independently with age appropriate personal care and living skills. The teacher has to aid Allie in verbal or written expression tasks that require more than two words. Allie does shut down for the rest of class when does not perform well. During speech-language sessions, Allie is working on expanding her utterances and following multi-step directions. Allie needs continued support in her academics using repetition of directions and assistance in creating more than two-word sentences. Curriculum vocabulary and concepts are used during the therapy sessions in order to reinforce what is being taught in the classroom.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**  
**MEASURABLE ANNUAL GOALS, PROGRESS REPORT**

Student Name: Allie Smith

Date 11 / 1 / 2019

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Student ID Number: 6789

Area of Need: Speech/Language

**# 1 MEASURABLE ANNUAL GOAL: Expanding Utterances**

By 10/31/2020, Allie will use 20 3-4-word utterances to express her wants, needs, and opinions with minimal prompting over 3 consecutive sessions.

**# 2 MEASURABLE ANNUAL GOAL: Pragmatics Using WH- Questions**

By 10/31/2020, Allie will answer WH-questions with 90% accuracy with minimal prompting over 3 consecutive sessions.

**# 3 MEASURABLE ANNUAL GOAL: Simple Sentences**

By 10/31/2020, Allie will construct simple sentences with appropriate semantics and syntax with 80% accuracy over 3 consecutive sessions with minimal prompting.

**# 4 MEASURABLE ANNUAL GOAL: Following Directions**

By 10/31/2020, Allie will follow two step directions with 90% accuracy with minimal prompting over 3 consecutive sessions.

**The IEP team considered the need for short-term objectives/benchmarks.**

☐ **Short-term objectives/benchmarks are included for this goal.** (Required for students participating in the VAAP)

☒ **Short-term objectives/benchmarks are not included for this goal.**

**How will progress toward this annual goal be measured? (check all that apply)**

☒ Classroom Participation  
☐ Checklist  
☐ Class work  
☐ Homework

☒ Observation  
☐ Special Projects  
☐ Tests and Quizzes  
☐ Written Reports

☐ Criterion-referenced test: \_\_\_\_\_  
☐ Norm-referenced test: \_\_\_\_\_  
☒ Other: Data collection

**Progress on this goal will be reported to the parent or adult student using the following codes. Attach comments using progress report comment form located in section two.**

<b>Anticipated Date of Progress Report*</b>						
<b>Actual Date of Progress Report</b>						
<b>Progress Code</b>						

**SP** -The student is making **Sufficient Progress** to achieve this annual goal within the duration of this IEP.

**ES** - The student demonstrates **Emerging Skill** but may not achieve this goal within the duration of this IEP.

**IP** -The student has demonstrated **Insufficient Progress** to meet this annual goal and may not achieve this goal within the duration of this IEP.

**NI** -The student has **Not** been provided **Instruction** on this goal.

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**M** -The student has **Mastered** this annual goal.

**\* Progress reports will be provided at least as often as parents are informed of the progress of children without disabilities.**

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# INDIVIDUALIZED EDUCATION PROGRAM (IEP)

## SERVICES – LEAST RESTRICTIVE ENVIRONMENT – PLACEMENT

### ACCOMMODATIONS/MODIFICATIONS

Student Name: Allie Smith

Date 11 / 1 / 2019

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Student ID Number: 6789

This student will be provided access to general education classes, special education classes, other school services and activities including nonacademic activities and extracurricular activities, and education related settings:

☐ with no accommodations/modifications

☒ with the following accommodations/modifications

Accommodations/modifications provided as part of the instructional and testing/assessment process will allow the student equal opportunity to access the curriculum and demonstrate achievement. Accommodations/modifications also provide access to nonacademic and extracurricular activities and educationally related settings. Accommodations/modifications based solely on the potential to enhance performance beyond providing equal access are inappropriate.

Accommodations may be in, but not limited to, the areas of time, scheduling, setting, presentation and response including assistive technology and/or accessible materials. The impact of any modifications listed should be discussed.

**ACCOMMODATIONS/MODIFICATIONS** (list, as appropriate)

Accommodation(s)/Modification(s)	Frequency	Location (name of school *)	Instructional Setting	Duration m/d/y to m/d/y
Repeat directions	Daily	Prince Edward County Elementary School	Classroom	11/1/2019- 10/31/2020
Work needs to be checked regularly to ensure Allie understands and does not need assistance	Daily	Prince Edward County Edward Elementary School	Classroom	11/1/2019- 10/31/2020
Extra time to respond	Daily	Prince Edward County Edward Elementary School	Classroom	11/1/2019- 10/31/2020

\* IEP teams are required to identify the specific school site (public or private) when the parent expresses concerns about the location of the services or refuses the proposed site. A listing of more than one anticipated location is permissible, if the parents do not indicate that they will object to any particular school or state that the team should identify a single school.

**Supports for School Personnel:** (Describe supports such as equipment, consultation, or training for school staff to meet the unique needs for the student)

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# INDIVIDUALIZED EDUCATION PROGRAM (IEP)

## SERVICES – LEAST RESTRICTIVE ENVIRONMENT – PLACEMENT, Continued

### PARTICIPATION IN THE STATE AND DIVISIONWIDE ACCOUNTABILITY/ASSESSMENT SYSTEM

Student Name: Allie Smith

Date 11 / 1 / 2019

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Student ID Number: 6789

This student's participation in state and divisionwide assessments must be discussed annually. During the duration of this IEP:

Will the student be at a grade level or enrolled in a course for which the student must participate in a state and/or divisionwide assessment? <i>If yes, continue to next question.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Based on the Present Level of Academic Achievement and Functional Performance, is this student being considered for participation in the <i>Virginia Standards of Learning (SOL) Assessments (select appropriate content area)</i> <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> History/Social Science <input type="checkbox"/> Grade 8 Writing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Based on the Present Level of Academic Achievement and Functional Performance, is this student being considered for participation in the <i>Special Permission Request Virginia Substitute Evaluation Program (VSEP)? If yes, complete the "VSEP Participation Criteria" for each content area considered. (Grades 3-8 only)</i> <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> History/Social Science <input type="checkbox"/> Grade 8 Writing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>Does the student meet the VSEP participation criteria? If yes, determine for specific content area.</i> <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> History/Social Science <input type="checkbox"/> Grade 8 Writing Special permission for eligible students with disabilities in grades 3-8. refer to VDOE's <i>Students with Disabilities: Guidelines for Assessment Participation</i> for guidance.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Based on the Present Level of Academic Achievement and Functional Performance, is this student being considered for participation in the Virginia Alternate Assessment Program (VAAP), which is based on Aligned Standards of Learning? <i>If yes, complete the "VAAP Participation Criteria".</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>Does the student meet VAAP participation criteria?</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If "yes" to any of the above, check the assessment(s) chosen and attach (or maintain in student's educational record) the assessment page(s), which will document how the student will participate in Virginia's accountability system and any needed accommodations and/or modifications.

  X   SOL Assessments ☐ Reading ☐ Math ☐ Science ☐ History/Social Science ☐ Grade 8 Writing

       Virginia Substitute Evaluation Program (VSEP) ☐ Reading ☐ Math ☐ Science ☐ History/Social Science ☐ Grade 8 Writing

       Virginia Alternate Assessment Program (VAAP)

☐ Divisionwide Assessment (list):

\*Refer to *Students with Disabilities: Guidelines for Assessment Participation* for additional guidance on the assessment programs.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**PARTICIPATION IN THE STATE AND DIVISIONWIDE ACCOUNTABILITY/ASSESSMENT SYSTEM  
(continued)**

Student Name: Allie Smith

Date \_\_ 11 \_\_ / \_\_ 1 \_\_ / 2019 \_\_

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Student ID Number: 6789

**PARTICIPATION IN STATEWIDE ASSESSMENTS**

Test	Assessment Type* (SOL, VSEP, VAAP)	Accommodations**	If yes, list accommodation(s)
Reading	<input type="checkbox"/> _____ <b>X</b> Not Assessed at this Grade Level	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Math	<input type="checkbox"/> _____ <b>X</b> Not Assessed at this Grade Level	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Science	<input type="checkbox"/> _____ <b>X</b> Not Assessed at this Grade Level	<input type="checkbox"/> Yes <input type="checkbox"/> No	
History/SS	<input type="checkbox"/> _____ <b>X</b> Not Assessed at this Grade Level	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Writing	<input type="checkbox"/> _____ <b>X</b> Not Assessed at this Grade Level	<input type="checkbox"/> Yes <input type="checkbox"/> No	

\* Students with disabilities are expected to participate in all content area assessments that are available to students without disabilities. The IEP Team determines how the student will participate in the accountability system.

\*\* Accommodation(s) must be based upon those the student generally uses during classroom instruction and assessment, including assistive technology and/or accessible materials. For the accommodations that may be considered, refer to VDOE's *Students with Disabilities: Guidelines for Assessment Participation* for guidance.

☐ **Divisionwide Assessment (list):**

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**EXPLANATION FOR NON-PARTICIPATION IN REGULAR STATE OR DIVISION-WIDE ASSESSMENTS**

If an IEP team determines that a student must take an alternate assessment instead of a regular state assessment, explain in the space below why the student cannot participate in this regular assessment; why the particular assessment selected is appropriate for the student, including that the student meets the criteria for the alternate assessment; and how the student's nonparticipation in the regular assessment will impact the child's promotion; or other matters. Refer to the VDOE's *Students with Disabilities: Guidelines for Assessment Participation* for guidance.

☐ Alternate/Alternative Assessments Participation Criteria is attached or maintained in the student's educational record

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**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**  
**SERVICES – LEAST RESTRICTIVE ENVIRONMENT – PLACEMENT, Continued**

Student Name Allie Smith Date 11 / 1 / 2019 Page 13 of 16

Student ID Number: 6789

**Least Restrictive Environment (LRE)**

When discussing the least restrictive environment and placement options, the following must be considered:

- To the maximum extent appropriate, the student is educated with children without disabilities.
- Special classes, separate schooling or other removal of the student from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.
- The student's placement should be as close as possible to the child's home and unless the IEP of the student with a disability requires some other arrangement, the student is educated in the school that he or she would attend if he or she did not have a disability.
- In selecting the LRE, consideration is given to any potential harmful effect on the student or on the quality of services that he/she needs.
- The student with a disability shall be served in a program with age-appropriate peers unless it can be shown that for a particular student with a disability, the alternative placement is appropriate as documented by the IEP.

**Free Appropriate Public Education (FAPE)**

When discussing FAPE for this student, it is important for the IEP team to remember that FAPE may include, as appropriate:

- Educational Programs and Services
- Proper Functioning of Hearing Aids
- Assistive Technology and/or accessible materials
- Transportation
- Nonacademic and Extracurricular Services and Activities
- Physical Education
- Extended School Year Services (ESY)
- Length of School Day

**SERVICES:**

Identify the service(s), including frequency, duration and location that will be provided to or on behalf of the student in order for the student to receive a free appropriate public education. These services are the special education services and as necessary, the related services, supplementary aids and services based on peer-reviewed research to the extent practicable, assistive technology and/or accessible materials, supports for personnel\*, accommodations and/or modifications\* and extended school year services\* the student will receive that will address area(s) of need as identified by the IEP team. Address any needed transportation and physical education services including accommodations and/or modifications. \* These services are listed on the "Accommodations/Modifications" page and "Extended School Year Services" page, as needed.

Service(s)	Frequency	**School/location  Instructional Setting (classroom)	Duration m/d/y to m/d/y
Speech-Language Therapy	120 mins/per 2 weeks	Speech Classroom and/or general education classroom at Prince Edward Elementary School	11/1/2019-10/31/2020

\*\* IEP teams are required to identify the specific school site (public or private) when the parent expresses concerns about the location of the services or refuses the proposed site. A listing of more than one anticipated location is permissible, if the parents do not indicate that they will object to any particular school or state that the team should identify a single school.

## SERVICES – LEAST RESTRICTIVE ENVIRONMENT – PLACEMENT, Continued

Student Name Allie Smith Date 11 / 1 / 19 Page 14 of 16  
Student ID Number: 6789

Extended School Year Services (ESY): (see attached summary sheet as a means to document discussion)

- ☐ The IEP team determined that the student needs ESY services.
- ☐ The IEP team determined that the student does not need ESY services. Describe.
- ☒ The IEP team will determine and/or address ESY services at a later date. Addressed by date: \_\_\_\_\_  
Explain:

### PLACEMENT

No single model for the delivery of services to any population or category of children with disabilities is acceptable for meeting the requirement for a continuum of alternative placements. All placement decisions shall be based on the individual needs of each student. The team may consider placement options in conjunction with discussing any needed supplementary aids and services, accommodations/modifications, assistive technology and/or accessible materials, and supports for school personnel. In considering the placement continuum options, check those the team discussed. Then, describe the placement selected in the **PLACEMENT DECISION** section below. Determination of the Least Restrictive Environment (LRE) and placement may be one or a combination of options along the continuum.

<b>PLACEMENT CONTINUUM OPTIONS CONSIDERED: (check all that have been considered):</b>	
<input checked="" type="checkbox"/>	general education class(es)
<input type="checkbox"/>	special class(es)
<input type="checkbox"/>	special education day school
<input type="checkbox"/>	state special education program / school
<input type="checkbox"/>	Public residential facility
<input type="checkbox"/>	Private residential facility
<input type="checkbox"/>	Homebound
<input type="checkbox"/>	Hospital
<input type="checkbox"/>	Other _____



Based upon identified services and the consideration of least restrictive environment (LRE) and placement continuum options, describe in the space below the placement. Additionally, summarize the discussions and decision around LRE and placement. This must include an explanation of why the student **will not** be participating with students without disabilities in the general education class(es), programs, and activities. Attach additional pages as needed.

#### Explanation of Placement Decision:

Allie will receive services in the general education classroom and speech room and will participate in all other grade level activities.

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

### PRIOR NOTICE AND PARENT CONSENT

Student Name: Allie Smith

Date 11 / 1 / 2019

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Student ID Number: 6789

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### PRIOR NOTICE

The school division proposes to implement this IEP. This proposed IEP will allow the student to receive a free appropriate public education in the least restrictive environment. This decision is based upon a review of current records, current assessments and the student's performance as documented in the Present Level of Academic Achievement and Functional Performance. Other options considered, if any, and the reason(s) for rejection are attached, or can be found in the Placement Decision section of this IEP. Additionally, other factors, if any that are relevant to this proposal are attached. Parent and adult student rights are explained in the Procedural Safeguards. If you, the parent(s) and adult student, need another copy of the Procedural Safeguards or need assistance in understanding this information please contact Aspen Mickles at (276) 692-6232 or e-mail [micklesa@longwood.edu](mailto:micklesa@longwood.edu) or Alexander Camp at (897) 076-2145 or e-mail [campa@pecps.edu](mailto:campa@pecps.edu).

\_\_\_\_ Parent(s) initials here indicate that the parent(s) has read the above prior notice and attachments, if any, before giving permission to implement this IEP.

**PARENT/ADULT STUDENT CONSENT:** Indicate your response by checking the appropriate space and sign below.

\_\_\_\_ I give permission to implement this IEP.

\_\_\_\_ I do not give permission to implement this IEP.

Elizabeth Smith  
Parent Signature

11/1/2019  
Date

## TRANSITION INDIVIDUALIZED EDUCATION PROGRAM (IEP)

### PRIOR WRITTEN NOTICE

Student Name: Allie Smith

Date \_\_ 11 \_\_ / \_\_ 1 \_\_ / 2019 \_\_

Page \_\_ 16 \_\_ of \_\_ 16 \_\_

Student ID Number: 6789

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**Describe the action that the school division proposes or refuses to take: (Required upon graduation with a standard or advanced diploma)**

The IEP team proposed to implement this IEP as written.

**Explanation of why the school division is proposing or refusing to take action:**

This was proposed due to the student's annual IEP being set to expire.

**Description of each evaluation procedure, assessment, record or report the school division used in deciding to propose or refuse the action:**

The student's most recent testing, teacher reports, student input, parent input, and cumulative school records was used to make the decision.

**Description of any other choices that the Individualized Education Program (IEP) team considered and the reasons why those choices were rejected:**

No other choices were rejected.

**Description of other reasons or other factors relevant as to why the school division proposed or refused the action:**

There are no other factors relevant to this proposal. Parents were active participants in the creation of this IEP and during the IEP meeting.

**Resources for the parent to contact for help in understanding the Individuals with Disabilities Education Act (IDEA) and the related federal and Virginia Regulations:**

Lorie Jackson, Special Education Coordinator (766) 145-0623

**If this notice is not the initial referral for evaluation, document when the parent was provided a copy of the procedural safeguards and how a copy may be obtained, if the parent requests an additional copy:**

An additional copy was not requested.