

IEP DATES			
IEP Team Meeting	Initial IEP	Annual/Review IEP	Reevaluation IEP
_____	Offer of a FAPE: _____ Implementation: _____	Offer of a FAPE: _____ Implementation: _____	Offer of a FAPE: _____ Implementation: _____

Individualized Education Program (IEP)

Section 1 Demographic Information

Student	Last:	First:	M:	Birth Date:	Gender:	Grade:	UIC:
Address:				City:		State:	Zip:
Phone:							
Resident District:				Operating District:			
County:				Attending Building:			
Parent	Last:	First:	M:	Relationship to Student:			
Native Language or Other Communication Mode:							
Address (if different):				City:		State:	Zip:
Home Phone:			Work Phone:			Pager/Cell:	
Email:							
Parent	Last:	First:	M:	Relationship to Student:			
Native Language or Other Communication Mode:							
Address (if different):				City:		State:	Zip:
Home Phone:			Work Phone:			Pager/Cell:	
Email:							

PURPOSE OF MEETING	
Check one of the following: <input type="checkbox"/> Initial IEP <input type="checkbox"/> Annual/Review IEP <input type="checkbox"/> Reevaluation IEP	Check all others that apply: <input type="checkbox"/> Change of Placement <input type="checkbox"/> Suspension/Expulsion <input type="checkbox"/> Graduation <input type="checkbox"/> Other: _____ <input type="checkbox"/> Secondary Transition <input type="checkbox"/> Change of Eligibility <input type="checkbox"/> Other: _____

..... **OFFICE USE**

PARENT CONTACT
The parent/adult student was contacted (MUST HAVE TWO CONTACTS – ONE MUST BE A WRITTEN IEP INVITATION) to explain the purpose of the meeting and the roles and responsibilities of each participant via (check all that apply): <input type="checkbox"/> IEP Invitation Date: _____ <input type="checkbox"/> Letter Date: _____ <input type="checkbox"/> Phone Date: _____ <input type="checkbox"/> Other: _____ Date: _____
Results: _____
Contact by: _____

Student: _____

IEP Date: _____

PARENTAL RIGHTS AND AGE OF MAJORITY

Check all that apply:

- The student will be age 17** during this IEP and the student was informed of parental rights that he or she will receive at age 18.
- The student has turned age 18** and the student and parent were informed of parental rights that were transferred to the student at age 18, including the right to invite a support person such as a parent, advocate, or friend.
- The student has turned age 18** and there is a guardian established by court order. The guardian is: _____.
- The student has turned age 18** and a legally designated representative has been appointed. The representative is: _____ as _____ (e.g., power of attorney, trustee).

IEP MEETING PARTICIPANTS IN ATTENDANCE

Check the box indicating the IEP participant(s) who can explain the instructional implications of evaluation results.

- | | |
|--|---|
| _____
Student (must invite at age 16 and older) | <input type="checkbox"/> District Representative/Designee |
| _____
Parent | <input type="checkbox"/> General Education Teacher |
| _____
Parent | <input type="checkbox"/> Special Education Teacher |
| <input type="checkbox"/> Agency Providing Secondary Transition Services
(consent on file) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

Parent and District Agreement on Attendance Not Necessary

These members are absent; their curricular area/related services are not being modified or discussed in the meeting: _____

Parent and District Agreement on Excusal Prior to Meeting

These members are absent and have submitted written input to the IEP team, including the parent, prior to the meeting: _____

ELIGIBILITY FOR SPECIAL EDUCATION

- Eligible Ineligible

Area of disability: _____

If the student is determined ineligible as a student with a specific learning disability (SLD), provide a statement of the basis for the determination of ineligibility:

If the student is determined eligible as a student with an SLD, check all that apply:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Oral expression | <input type="checkbox"/> Listening comprehension | <input type="checkbox"/> Written expression | <input type="checkbox"/> Basic reading skill |
| <input type="checkbox"/> Reading fluency skills | <input type="checkbox"/> Reading comprehension | <input type="checkbox"/> Mathematics calculation | <input type="checkbox"/> Mathematics problem solving |

Determination of eligibility was made in accordance with IDEA regulations at § 300.306(c)(1).

Student: _____

IEP Date: _____

Section 2-A
Present Level of Academic Achievement and Functional Performance

FACTORS TO CONSIDER

General

The IEP team must consider each of the following:

The strengths of the student: _____

The concerns of the parent for enhancing the education of the student: _____

The results of the most recent evaluation(s) of the student: _____

Special Factors

The IEP team must consider the following for the student (check boxes to indicate consideration):

- The communication needs of the student.
- The need for assistive technology devices and services for the student.

The IEP team must consider the following for the student, as appropriate (check all that apply):

- The use of positive behavioral interventions and supports, and other strategies, to address behavior because the student has behavior that impedes his or her learning or the learning of others.
- The language needs of the student because the student has limited English proficiency.
- Braille instruction because the student is blind or visually impaired.
- The mode of language and communication because the student is deaf or hard of hearing.

Student: _____

IEP Date: _____

Section 2-B: Option I
Present Level of Academic Achievement and Functional Performance

After reviewing the student's progress in the general education curriculum and any prior special education goals and objectives, describe how the student accesses or makes progress in the general education curriculum based on grade level content standards for the grade in which the student is enrolled or would be enrolled based on age.

	Report and describe baseline data such as curriculum-based assessments, student work, teacher observations, parent input, and other relevant data for each area of need.	Describe how the student's academic, developmental, and functional needs affect involvement and progress in the general education curriculum or participation in appropriate activities for preschool students.
ACADEMIC/PRE-ACADEMIC ACHIEVEMENT <i>Individual and/or district-wide assessments.</i>		
GENERAL EDUCATION CURRICULUM <i>Involvement and progress in the general education curriculum, or participation in age-appropriate activities for preschool students.</i>		
SECONDARY TRANSITION ASSESSMENTS <i>Age-appropriate assessment related to training, education, employment, and independent living skills.</i>		
COMMUNICATION/SPEECH & LANGUAGE		
SOCIO-EMOTIONAL/BEHAVIORAL		
PERCEPTION/MOTOR/MOBILITY <i>Gross and fine motor coordination, balance, and limb/body mobility.</i>		
INDEPENDENT LIVING SKILLS <i>Skills for academic success and independent living.</i>		
MEDICAL <i>Health, vision, hearing, or other physical/medical issues.</i>		

Student: _____

IEP Date: _____

Section 3 Secondary Transition Considerations

Secondary transition services are required to be in effect when the student turns 16. IEP teams are recommended to consider secondary transition services at a younger age if appropriate. Secondary transition considerations must be updated annually thereafter.

STUDENT'S POSTSECONDARY GOALS (VISION)
Data Sources Used <input type="checkbox"/> Educational Development Plan (EDP) <input type="checkbox"/> Transition Assessment(s) (specify): _____
If the student did not attend the IEP team meeting, describe steps taken to ensure consideration of the student's preferences/vision:
Adult Living —As an adult, where do you want to live?
Career/Employment —As an adult, what kind of work do you want to do?
Community Participation —As an adult, what hobbies and activities do you want to do (e.g., arts, recreational activities, shopping, eating out, etc.)?
Postsecondary Education/Training —After high school, what additional education and training do you want?

PLANNING/COMMUNITY SECONDARY TRANSITION SERVICES													
Needed Service Related to the Student's Strengths, Postsecondary Goals, and Present Level													
Identify the service needed in at least one of the six areas below. Include the coordinated activity/activities for the service. Identify the responsible agency/other for each activity for the needed service.													
IEP Team Must Consider	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Instruction</td> <td style="width: 40%;">Expected completion date: _____</td> </tr> <tr> <td>Service: _____</td> <td>_____</td> </tr> <tr> <td>Activity: _____</td> <td>Responsible agency/other: _____</td> </tr> <tr> <td>Activity: _____</td> <td>Responsible agency/other: _____</td> </tr> <tr> <td>Activity: _____</td> <td>Responsible agency/other: _____</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Considered, not needed (explain): _____</td> </tr> </table>	Instruction	Expected completion date: _____	Service: _____	_____	Activity: _____	Responsible agency/other: _____	Activity: _____	Responsible agency/other: _____	Activity: _____	Responsible agency/other: _____	<input type="checkbox"/> Considered, not needed (explain): _____	
Instruction	Expected completion date: _____												
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Activity: _____	Responsible agency/other: _____												
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Service: _____	_____												
Activity: _____	Responsible agency/other: _____												
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Service: _____	_____												
Activity: _____	Responsible agency/other: _____												
Activity: _____	Responsible agency/other: _____												
Activity: _____	Responsible agency/other: _____												
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Other Post-School Adult Living Objectives	Expected completion date: _____												
Service: _____	_____												
Activity: _____	Responsible agency/other: _____												
Activity: _____	Responsible agency/other: _____												
Activity: _____	Responsible agency/other: _____												
<input type="checkbox"/> Considered, not needed (explain): _____													

Student: _____

IEP Date: _____

PLANNING/COMMUNITY SECONDARY TRANSITION SERVICES *continued*

Consider When Appropriate

Acquisition of Daily Living Skills

Expected completion date: _____

Service: _____

Activity: _____ Responsible agency/other: _____

Activity: _____ Responsible agency/other: _____

Activity: _____ Responsible agency/other: _____

Considered, not needed (explain): _____

Functional Vocational Evaluation

Expected completion date: _____

Service: _____

Activity: _____ Responsible agency/other: _____

Activity: _____ Responsible agency/other: _____

Activity: _____ Responsible agency/other: _____

Considered, not needed (explain): _____

THE COURSE OF STUDY TRANSITION SERVICE

Indicate how the student's course of study aligns with the postsecondary goals (check one):

- Michigan Merit Curriculum (MMC) leading to a high school diploma (effective for students who entered 8th grade in 2006-2007 school year or later).
MMC modification using Personal Curriculum on file: Yes No
- Curriculum leading to a high school diploma (effective for students who entered 8th grade prior to the 2006-2007 school year).
- Course of study leading to: _____

Anticipated graduation or completion date: _____

Student: _____

IEP Date: _____

**Section 4: Option I
Goals and Objectives/Benchmarks**

Instructional Area—List the appropriate content area (e.g., strand/domain): _____

Michigan Content Expectations Upon Which Goal Will Be Based—List the appropriate GLCE, EGLCE, HSCE, EHSCE, or Early Childhood Standards of Quality for Pre-kindergarten: _____

Baseline Data

The student is currently _____ on the _____.
(data) (assessment)

Annual Goal

By _____, the student will _____ when/at _____ on _____.
(date) (demonstrate skill) (conditions criteria) (assessment/evaluation)

Short-Term Objective/Benchmark: _____
Performance Criteria: _____
Evaluation Procedure: _____
Evaluation Schedule: _____

Status Date: _____
Progress Toward Annual Goal: _____
Comments: _____

Status Date: _____
Progress Toward Annual Goal: _____
Comments: _____

Status Date: _____
Progress Toward Annual Goal: _____
Comments: _____

Status Date: _____
Progress Toward Annual Goal: _____
Comments: _____

Short-Term Objective/Benchmark: _____
Performance Criteria: _____
Evaluation Procedure: _____
Evaluation Schedule: _____

Status Date: _____
Progress Toward Annual Goal: _____
Comments: _____

Status Date: _____
Progress Toward Annual Goal: _____
Comments: _____

Status Date: _____
Progress Toward Annual Goal: _____
Comments: _____

Status Date: _____
Progress Toward Annual Goal: _____
Comments: _____

SCHEDULE FOR REPORTING PROGRESS

When: _____

Position(s) responsible for implementing goal activities (check all that apply):

- Special Education Teacher Teacher Consultant Speech and Language Provider
- School Social Worker Occupational Therapist Physical Therapist
- Other: _____

Position(s) responsible for reporting progress on goal: _____

Student: _____

IEP Date: _____

Section 4: Option II
Goals and Objectives/Benchmarks

Instructional Area—List the appropriate content area (e.g., strand/domain): _____

Michigan Content Expectations Upon Which Goal Will Be Based—List the appropriate GLCE, EGLCE, HSCE, EHSCE, or Early Childhood Standards of Quality for Pre-kindergarten: _____

Baseline Data

The student is currently _____ on the _____.
(data) (assessment)

Annual Goal

By _____, the student will _____ when/at _____ on _____.
(date) (demonstrate skill) (conditions criteria) (assessment/evaluation)

SHORT-TERM OBJECTIVES/BENCHMARKS

By the end of the ____ marking period of _____, the student will _____ on _____.
(#) (school year) (criteria) (assessment/evaluation)

By the end of the ____ marking period of _____, the student will _____ on _____.
(#) (school year) (criteria) (assessment/evaluation)

By the end of the ____ marking period of _____, the student will _____ on _____.
(#) (school year) (criteria) (assessment/evaluation)

By the end of the ____ marking period of _____, the student will _____ on _____.
(#) (school year) (criteria) (assessment/evaluation)

SCHEDULE FOR REPORTING PROGRESS

When: _____

Insert Progress Monitoring Data

Progress Reporting

Report Date:	Progress:	Comments:

Position(s) responsible for implementing goal activities (check all that apply):

- Special Education Teacher
 Teacher Consultant
 Speech and Language Provider
 School Social Worker
 Occupational Therapist
 Physical Therapist
 Other: _____

Position(s) responsible for reporting progress on goal: _____

Student: _____

IEP Date: _____

Section 5 Supplementary Aids and Services

Supplementary aids and services are provided to enable the student:

- To advance appropriately toward attaining the annual goals.
- To be involved and progress in the general education curriculum and to participate in extra-curricular and other nonacademic activities.
- To be educated and participate in activities with other students with disabilities and nondisabled students.

Supplementary aids and services are needed at this time.

Ongoing Instruction and Assessment Scheduling, Presentation, Response, etc.	Time/Frequency/Condition	Location
Curriculum Supports and Adjustments Directions, Grading, Handwriting, Assignments, Tests, Books, etc.	Time/Frequency/Condition	Location
Supports and Modifications to the Environment Classroom Environment, Health-Related Needs, Physical Needs, Assistive Technology, Behavioral, Training Needs, Social Interaction Supports for the Student, etc.	Time/Frequency/Condition	Location
Other Supports, Accommodations, and Modifications	Time/Frequency/Condition	Location

All aids and services identified will begin on the implementation date of the IEP and continue for the duration of the IEP.

Supplementary aids and services are not needed at this time.

Explain the extent, if any, to which the student will not participate with nondisabled students: _____
_____.

Section 6: Grades K-9
Assessment—Participation and Provisions
 Based on Grade Level, Independence Level, and English Language Proficiency

State Assessments: Grades 3-9

Is a state assessment administered at the grade level(s) covered by this IEP? Yes No

If a state assessment is being administered, indicate in the Assessment column in which assessment the student will participate. If the IEP team determines the Michigan Educational Assessment Program (MEAP) is not appropriate, see the MEAP-Access eligibility criteria at www.michigan.gov/meap-access to determine if MEAP-Access is appropriate. If the IEP team determines that the student must take an alternate assessment (MEAP-Access, MI-Access, or a district-determined social studies assessment) instead of a particular MEAP assessment, complete the Rationale column.

Identify any individual appropriate **accommodations** that are necessary on these state assessments. See the *Revised Assessment Accommodation Summary Table* at www.michigan.gov/meap.

Assessment Area	Assessment	Rationale	Accommodations
Reading Grades 3-8 Writing Grades 4 and 7	<input type="checkbox"/> MEAP <input type="checkbox"/> MEAP-Access <input type="checkbox"/> MI-Access: <input type="checkbox"/> Functional <input type="checkbox"/> Supported <input type="checkbox"/> Participation	The MEAP is not appropriate because: _____ The alternate assessment is appropriate because: _____	
Mathematics Grades 3-8	<input type="checkbox"/> MEAP <input type="checkbox"/> MEAP-Access <input type="checkbox"/> MI-Access: <input type="checkbox"/> Functional <input type="checkbox"/> Supported <input type="checkbox"/> Participation	The MEAP is not appropriate because: _____ The alternate assessment is appropriate because: _____	
Science Grades 5 and 8	<input type="checkbox"/> MEAP <input type="checkbox"/> MI-Access: <input type="checkbox"/> Functional <input type="checkbox"/> Supported <input type="checkbox"/> Participation	The MEAP is not appropriate because: _____ The alternate assessment is appropriate because: _____	
Social Studies* Grades 6 and 9	<input type="checkbox"/> MEAP <input type="checkbox"/> District-Determined Assessment _____	The MEAP is not appropriate because: _____ The alternate assessment is appropriate because: _____	

* If the MEAP Social Studies Assessment is not appropriate for the student, the IEP team MUST identify a district-determined assessment until there is a state-developed MI-Access Social Studies Assessment.

“District-wide assessments: Grades K-9” on next page

Student: _____

IEP Date: _____

District-wide Assessments: Grades K-9

Is a district-wide assessment administered at the grade level(s) covered by this IEP? Yes No

If a district-wide assessment is being administered, indicate in the Assessment column in which assessment the student will participate. If the IEP team determines that district-wide assessment is not appropriate and that the student must take an alternate assessment, identify the alternate assessment and complete the Rationale column.

Identify any individual appropriate **accommodations** that are necessary on these assessments.

Assessment	Rationale	Accommodations
<input type="checkbox"/> District-wide Assessment _____ <input type="checkbox"/> Alternate Assessment _____	The district-wide assessment is not appropriate because: _____ The alternate assessment is appropriate because: _____ _____	
<input type="checkbox"/> District-wide Assessment _____ <input type="checkbox"/> Alternate Assessment _____	The district-wide assessment is not appropriate because: _____ The alternate assessment is appropriate because: _____ _____	
<input type="checkbox"/> District-wide Assessment _____ <input type="checkbox"/> Alternate Assessment _____	The district-wide assessment is not appropriate because: _____ The alternate assessment is appropriate because: _____ _____	

Student: _____

IEP Date: _____

**Section 6: Grades 10-12
Assessment—Participation and Provisions**

Based on Grade Level, Independence Level, and English Language Proficiency

State Assessment—Michigan Merit Exam: Grades 11-12

For students at grade level 11: In which assessment will the student participate? Michigan Merit Exam (MME) MI-Access

For students at grade level 12: For **MME retest** eligibility, see details in the *MME Student Eligibility* document at www.michigan.gov/mme. Will the student participate in the MME? Yes No

If the IEP team determines the student will participate in the MME, identify any individual appropriate **accommodations** that are necessary on these state assessments. See the *MME Chart of Accommodations Dates – ACT-Approved and State-Allowed* at www.michigan.gov/mme.

Assessment Area	Accommodations
ACT Reading Comprehension	
ACT English	
ACT Mathematics	
ACT Science	
ACT Writing	
WorkKeys Reading for Information	
WorkKeys Applied Math	
WorkKeys Locating Information	
Michigan Mathematics	
Michigan Science	
Michigan Social Studies	

State Assessment—MI-Access: Grade 11

For Grade 11: If the IEP team determines the MME is not appropriate, identify the alternate assessment in which the student will participate and complete the Rationale column. Identify any individual appropriate **accommodations** that are necessary on these state assessments. See the *Revised Assessment Accommodation Summary Table* at www.michigan.gov/mi-access.

Assessment Area	MI-Access/ Alternate Assessment	Rationale	Accommodations
English Language Arts Grade 11	<input type="checkbox"/> Functional <input type="checkbox"/> Supported <input type="checkbox"/> Participation	The MME is not appropriate because: _____ The alternate assessment is appropriate because: _____	
Mathematics Grade 11	<input type="checkbox"/> Functional <input type="checkbox"/> Supported <input type="checkbox"/> Participation	The MME is not appropriate because: _____ The alternate assessment is appropriate because: _____	
Science Grade 11	<input type="checkbox"/> Functional <input type="checkbox"/> Supported <input type="checkbox"/> Participation	The MME is not appropriate because: _____ The alternate assessment is appropriate because: _____	
Social Studies* Grade 11	<input type="checkbox"/> District-Determined Assessment _____	The MME is not appropriate because: _____ The alternate assessment is appropriate because: _____	

* If the MME Social Studies Assessment is inappropriate for the student, the IEP team MUST identify a district-determined assessment until there is a state-developed MI-Access Social Studies Assessment.

“District-wide assessments: Grades 10-12” on next page

Student: _____

IEP Date: _____

District-wide Assessments: Grades 10-12

Is a district-wide assessment administered at the grade level(s) covered by this IEP? Yes No

If a district-wide assessment is being administered, indicate in the Assessment column in which assessment the student will participate. If the IEP team determines that district-wide assessment is not appropriate and that the student must take an alternate assessment, identify the alternate assessment and complete the Rationale column.

Identify any individual appropriate **accommodations** that are necessary on these assessments.

Assessment	Rationale	Accommodations
<input type="checkbox"/> District-wide Assessment _____ <input type="checkbox"/> Alternate Assessment _____	The district-wide assessment is not appropriate because: _____ The alternate assessment is appropriate because: _____ _____	
<input type="checkbox"/> District-wide Assessment _____ <input type="checkbox"/> Alternate Assessment _____	The district-wide assessment is not appropriate because: _____ The alternate assessment is appropriate because: _____ _____	
<input type="checkbox"/> District-wide Assessment _____ <input type="checkbox"/> Alternate Assessment _____	The district-wide assessment is not appropriate because: _____ The alternate assessment is appropriate because: _____ _____	

Student: _____

IEP Date: _____

Section 6: ELPA/NAEP (Grades K-12)
Assessment—Participation and Provisions: ELPA
 Based on Grade Level, Independence Level, and English Language Proficiency

State Assessment: English Language Proficiency Assessment (ELPA)

The Home Language Survey (HLS), a Title VI reporting requirement, is given to all students at the time of enrollment.

Please consider these two questions annually:

Is the student’s native tongue a language other than English? Yes No

Is a language other than English spoken in the student’s home or environment? Yes No

When either answer is **Yes**, complete the following section.

Assessment Level and Grade for Spring ELPA and ELPA Initial Screening	Initial Screening	Spring ELPA
Level I—Grade K		
Level II—Grades 1-2		
Level III—Grades 3-5		
Level IV—Grades 6-8		
Level V—Grades 9-12		

For additional information regarding ELPA or the ELPA screener, or to identify any individual appropriate **accommodations** that are necessary for each of the ELPA domains, see the *Revised Assessment Accommodation Summary Table* at www.michigan.gov/elpa.

Assessed Domains	Accommodations
Listening	
Reading	
Writing	
Speaking	

Assessment—Participation and Provisions: NAEP
 Based on Grade Level, Independence Level, and English Language Proficiency

National Assessment: National Assessment of Educational Progress (NAEP)

Is a NAEP assessment administered to the student’s district at the grade level(s) covered by this IEP? Yes No

Has the student participated in the Michigan Educational Assessment Program (MEAP) in the subject being tested? Yes No

Can the student participate in the NAEP with allowable **accommodations**? See the *Revised Assessment Accommodation Summary Table* at www.michigan.gov/naep. Yes No

Can the student participate in the NAEP with allowable accommodations, even if the student did not participate in the MEAP, or needs accommodations not allowed by the NAEP? Yes No

Assessment	Participation	If YES , for each content area, indicate any assessment accommodation(s) that the student may need. If NO , state the reason why a specific NAEP assessment is not appropriate.
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Student: _____

IEP Date: _____

**Section 7
Special Education Services and Programs**

Related Service	Rule Number	Specific Amount of Time and Frequency	Location	Duration*

Does the student have needs that require placement with a teacher with a particular endorsement? Yes No

Program	Rule Number	Departmentalized	Specific Amount of Time and Frequency	Location	Duration*
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

* All programs and services listed above will begin on the implementation date of the IEP and continue for the duration of the IEP, unless otherwise indicated above in the column "Duration."

EXTENDED SCHOOL YEAR (ESY) SERVICES

Extended School Year (ESY) services were considered.

- It was determined that no ESY services are needed.
 Current annual goals address one or more skills that require ESY services.

Service	Specific Amount of Time and Frequency	Location	Duration

INSTRUCTIONAL TIME

General Education Instruction (minutes/hours per week)	(+) Special Education Instruction (minutes/hours per week)	(=) Total (minutes/hours per week)
	+	=

EDUCATIONAL ENVIRONMENT

The district ensures that, to the maximum extent appropriate, the student will be educated with students who are nondisabled; and special classes, separate schools, or other removal of the student from the general education environment occurs only when the student's needs cannot be met satisfactorily in the general education setting with supplemental aids and services.

Participation in a Regular Early Childhood Program (students age 3-5)

- At least 10 hours per week and:
 receives the majority of special education and related services IN a regular early childhood program.
 receives the majority of special education and related services OUTSIDE of a regular early childhood program.
- Less than 10 hours per week and:
 receives the majority of special education and related services IN a regular early childhood program.
 receives the majority of special education and related services OUTSIDE of a regular early childhood program.

Participation in General Education (students age 6-26)

- 80% of the day or more 79% to 40% of the day less than 40% of the day separate facility

SPECIAL TRANSPORTATION

- Yes (specify): _____
 No