

## Individualized Education Program

Meeting Date: 5/21/09	Beginning Date of IEP: 8/20/09	Ending Date of IEP: 5/20/10
Student Name: Donna Ray	Birth Date: 11/27/91	Sex: F
Parent/Guardian: John and Joan Ray	Address: 201 Way	Phone: 555-5555
District of Residence: Anywhere	District of Placement: Anywhere	Amount of Special Education (amount/percentage of time): 30%
Extent to which student will participate in regular education programs (describe any modifications required): 70%; resource for math, reading, vocational education activities, and related services specified below		
Related Services (specify amount of time for each service):		
___ assistive technology	___ parent counseling/training	___ recreation
___ audiology	___ physical therapy	5% rehabilitation counseling
___ counseling	5% psychological services (assertion trng.)	5% school health services (sex ed.,
___ medical services	___ occupational therapy	birth control counseling)
		___ social work services
		___ transportation services
		___ other (specify) _____
		___ other (specify) _____
Physical Education: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Specially designed		
Vocational Education: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Specially designed		
Participation in Standardized Testing		
Eighth/tenth grade testing <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> With modifications		
Competency based testing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> With modifications		
Achievement testing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> With modifications		
resource provided oral testing _____		
Participation in district/statewide assessments? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Participation in Alternative Assessment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Justification for removal from regular education or regular education environment (include nature and severity of disability and any potential harmful effects on the child or on the quality of services): Moderate mental retardation. Student needs extra assistance with basic academics, as well as an increased emphasis on postsecondary vocational needs. Parents have requested assertion training, sex education, and a consult with Division of Vocational Rehabilitation.		
Special Education Teacher:	Local Education Agency Representative:	
Parents/Guardians:	Student:	
Agency Representative: None	Other (specify):	
Efforts to involve parents: Phone call to set date, letter of invitation to meeting		