**INDIVIDUAL PLAN (IP) School Age**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student’s Name: | | | |  | | | | | | | | |
| IP Team Meeting Date (mm/dd/yy): | | | | | | | |  | | | | |
| IP Implementation Date (Projected Date when Services and Programs Will Begin): | | | | | | | | | | |  | |
| Anticipated Duration of Services and Programs: | | | | | | | | |  | | | |
| Date of Birth: | | |  | | | | | | | | | |
| Age: |  | | | | | | | | | | | |
| Grade: |  | | | | | | | | | | | |
| Anticipated Year of Graduation: | | | | | | |  | | | | | |
| School the student is attending: | | | | | | |  | | | | | |
| Parents Name: | | | | | |  | | | |  | |  |
| Address: | | | | | | | | | | Phone (Home): | |  |
|  | |  | | | | | | | | Phone (Work): | |  |
|  | |  | | | | | | | | | | |
|  | |  | | | | | | | | | | |
|  | |  | | | | | | | | | | |
| Other Information: | | | | | Diagnosis : | | | | | | | |

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

The Individual Plan team makes the decisions about the student’s program and placement. The student’s parent(s), the student’s special education teacher, and a representative from the Local Education Agency are required members of this team. Signature on this IP documents attendance, not agreement.

|  |  |  |
| --- | --- | --- |
| **Role** | **Printed Name** | **Signature** |
| Parent |  |  |
| Parent |  |  |
| Student |  |  |
| Regular Education Teacher |  |  |
| Special Education Teacher |  |  |
| Principal |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**I. SPECIAL CONSIDERATIONS THE IEP TEAM MUST CONSIDER BEFORE DEVELOPING THE IEP. ANY FACTORS CHECKED AS “YES” MUST BE ADDRESSED IN THE IEP.**

**Is the student blind or visually impaired?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | The IP must include a description of the instruction in Braille and the use of Braille unless the IP 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. |
|  |
|  | No |  |  |

**Is the student deaf or hard of hearing?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | The IP must include a communication plan to address the following: language and communication needs; opportunities for direct communications with peers and professional personnel in the student’s language and communication mode; academic level; full range of needs, including opportunities for direct instruction in the student’s language and communication mode; and assistive technology devices and services. |
|  |
|  |  |  |  |
|  | No |  |  |

**Other Special Considerations**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Communication Needs |  |
|  |
|  |  | Assistive Technology devices and/ or services |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Limited English Proficiency |  |
|  |
|  |  | Behaviors that impede his/ her learning |  |
|  |  |  |

|  |  |
| --- | --- |
|  | Transition Services |
|  |

|  |  |
| --- | --- |
|  | Other (Specify): |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |
|  |  |  |  |
|  |  |  |  |

**II. PRESENT LEVELS**

|  |
| --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a \_\_\_\_\_\_\_grade student at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ currently receives Aquinas  support in the areas of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The following are areas of strengths and  needs based on the midway point of the \_\_\_\_\_\_\_\_trimester.  Strengths:  Needs: |

**III. GOALS AND OBJECTIVES**

|  |  |  |
| --- | --- | --- |
| MEASURABLE ANNUAL GOAL  Include: Condition, Name, Behavior, and Criteria | Describe HOW the student’s progress toward meeting this goal will be measured | Report of Progress |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**IV. SPECIAL EDUCATION / RELATED SERVICES / SUPPLEMENTARY AIDS AND SERVICES / PROGRAM MODIFICATIONS –** Include, as appropriate, for nonacademic and extracurricular services and activities.

**PROGRAM MODIFICATIONS AND SPECIALLY DESIGNED INSTRUCTION (SDI)**

|  |  |  |
| --- | --- | --- |
| *Modifications and SDI* | *Location* | *Frequency* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**V. EDUCATIONAL PLACEMENT**

**Type of Service**

|  |  |
| --- | --- |
|  | Itinerant: Special education supports and services provided by special education personnel for 20% or less of the school day |
|  |
|  | Supplemental: Special education supports and services provided by special education personnel for more than 20% of the day but less than 80% of the school day |
|  |
|  | Full-Time: Special education supports and services provided by special education personnel for 80% or more of the school day |
|  |

**Type of Supports**

|  |  |
| --- | --- |
|  | Learning Support (Aquinas Program) |
|  |
|  | Blind-Visually Impaired Support |
|  |
|  | Deaf and Hard of Hearing Support |
|  |
|  | Emotional Support |
|  |
|  | Physical Support |
|  |
|  | Speech and Language Support |