

Northwest Kansas Educational Service Center
703 West 2nd
Oakley, KS 67748
(785) 672-3125

Individual Education Plan

Legal Name: _____	KIDS ID: _____
First Parent: _____	Birthdate: _____
Phones: home: _____ mom: _____ dad: _____	Age at IEP: _____
Address: _____	Grade: _____
_____	Comp Evaluation: _____
Second Parent: _____	IEP Meeting: _____
Phones: home: _____ mom: _____ dad: _____	Initiation: _____
Other: _____	
Phones: home: _____ mom: _____ dad: _____	
Neighborhood School: _____	Attendance Building: _____

ACADEMIC ACHIEVEMENT & FUNCTIONAL PERFORMANCE

Academic Performance

Based upon the most recent evaluation and ongoing data collection does the student have needs in this area that require special education or related services? Yes No

Strengths

Needs (Including parent concerns)

Baseline Data/Indicators Used

Identify impact of exceptionality on progress in general education curriculum.

This need will be met by:

- a goal.
- Accommodations.
- Modifications.
- Supplemental Aids and Supports.
- Supports for School Personnel.
- Assistive Technology

Social Emotional Status

Based upon the most recent evaluation and ongoing data collection does the student have needs in this area that require special education or related services? Yes No

Does the student's behavior impeded his or her learning or that of others? (If yes, please attach a behavior plan OR State where addressed in the IEP. Yes No

Does this student have a Behavior Support Plan? BIP Y/N

If the Behavior Plan question answer is not correct, please return to the Demographics screen and change it before proceeding.

Strengths

Needs (Including parent concerns)

Baseline Data/Indicators Used

Identify impact of exceptionality on progress in general education curriculum.

This need will be met by:

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- Accommodations.
- Modifications.
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- Assistive Technology

NKESC

Behavior Support Plan

Student: Legal Full Name (FL)

Grade: Grade

Date: _____

Follow up date: _____

This form is to be used for 1 wk 2 wks 3 wks 4 wks (Check One)

Definitions:

Identified Problem Behavior (Observable, Measurable)

Identified Replacement Behavior: (Observable, Measurable)

Goal:

PREVENTION

Precipitating Factors

The precipitating factors are:

These will be mitigated by:

Person responsible:

Data Collected:

Explicit Instruction

Describe the instruction/method to instruct the student (include scripts, etc.)

This will be explicitly taught by:

Person responsible:

Data Collected (frequency/location/duration):

Antecedent

Describe the antecedent of concern:

Describe how the antecedent will be addressed:

Describe how warning signs will be addressed:

Person responsible:

Data Collected:

Intervention

Reinforcement

What is the reinforcement schedule?

Person responsible:

Data collected:

Consequence

What will be the consequence/outcome for demonstration of the Identified Problem

Behavior?

Person responsible:

Data collected:

Attach all additional data collection sheets. Physical Well-Being

Based upon the most recent evaluation and ongoing data collection does the student have needs in this area that require special education or related services? Yes No

If the student is blind or visually impaired, does 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), indicate that instruction in Braille or the use of Braille is appropriate for the student?) Yes No

Does the student require a healthcare plan? Yes No

Strengths

Needs (Including parent concerns)

Baseline Data/Indicators Used

Identify impact of exceptionality on progress in general education curriculum.

This need will be met by:

- Goal.**
- Accommodations.**
- Modifications.**
- Supplemental Aids and Supports.**
- Supports for School Personnel.**
- Assistive Technology**

Cognitive

Based upon the most recent evaluation and ongoing data collection does the student have needs in this area that require special education or related services? Yes No

Strengths

Needs (Including parent concerns)

Baseline Data/Indicators Used

Identify impact of exceptionality on progress in general education curriculum.

This need will be met by:

- Goal.
- Accommodations.
- Modifications.
- Supplemental Aids and Supports.
- Supports for School Personnel.
- Assistive Technology

Communication Status

Based upon the most recent evaluation and ongoing data collection does the student have needs in this area that require special education or related services? Yes No

Does the student have limited English proficiency? Yes No

Does the student have any special communication needs? Yes No

If the student is deaf or hard of hearing, does the student have any special communication needs relating to opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, or opportunities for direct instruction in the student's language and communication mode? Yes No

Strengths

[Empty text box]

Needs (Including parent concerns)

[Empty text box]

Baseline Data/Indicators Used

[Empty text box]

Identify impact of exceptionality on progress in general education curriculum.

[Empty text box]

This need will be met by:

- Goal.
- Accommodations.
- Modifications.
- Supplemental Aids and Supports.
- Supports for School Personnel.
- Assistive Technology

Daily Living

Based upon the most recent evaluation and ongoing data collection does the student have needs in this area that require special education or related services? Yes No

Strengths

[Empty text box]

Needs (Including parent concerns)

Baseline Data/Indicators Used

Identify impact of exceptionality on progress in general education curriculum.

This need will be met by:

- Goal.**
- Accommodations.**
- Modifications.**
- Supplemental Aids and Supports.**
- Supports for School Personnel.**
- Assistive Technology**

Motor

Based upon the most recent evaluation and ongoing data collection does the student have needs in this area that require special education or related services? Yes No

Does the student require specially designed adaptive physical education? Yes No

Strengths

Needs (Including parent concerns)

Baseline Data/Indicators Used

Identify impact of exceptionality on progress in general education curriculum.

This need will be met by:

- Goal.**
- Accommodations.**
- Modifications.**
- Supplementary Aids and Supports.**
- Supports for School Personnel**
- Assistive Technology**

Problem-Solving Creativity

Based upon the most recent evaluation and ongoing data collection does the student have needs in this area that require special education or related services? **Yes** **No**

Strengths

Needs (Including parent concerns)

Baseline Data/Indicators Used

Identify impact of exceptionality on progress in general education curriculum.

[Empty rectangular box for notes or additional information]

This need will be met by:

- Goal.
- Accommodations.
Modifications.
- Supplemental Aids and Supports.
- Supports for School Personnel.
- Assistive Technology

Goals/Benchmarks

Goal No. _____

Goal Text:

State Standard:

Baseline:

Evaluation Procedure:

Benchmark # 1 Text:

Person Responsible:

Benchmark # 2 Text:

Person Responsible:

Benchmark # 3 Text:

Person Responsible:

Benchmark # 4 Text:

Person Responsible:

Benchmark # 5 Text:

Person Responsible:

Benchmark # 6 Text:

Person Responsible: _____

Benchmark # 7 Text: _____

Person Responsible: _____

Progress will be reported to parents as often as progress is reported to general education parents.

Participation in District-Wide Assessment

Will this student take a District Assessment during this IEP year? Yes

- Student will participate in all district-wide assessments without accommodations.
- Student will participate in district-wide assessments with these accommodations in the following content area(s):

- Student will participate in district-wide assessments with these modifications in the following content area(s):

- Student will participate in an alternate district-wide assessment as described below:

Additional Information

State Assessment

Participation Criteria	Participation Criteria Descriptors
1. The student has a significant cognitive disability.	Review of student records indicate a disability or multiple disabilities that significantly impact intellectual functioning and adaptive behavior. *Adaptive behavior is defined as essential for someone to live independently and to function safely in daily life.
2. The student is learning content linked to (derived from) the Kansas Collegeand Career Standards (KCCRS)	Goals and instruction listed in the IEP for this student are linked to the enrolled grade level KCCRS and address knowledge and skills that are appropriate and challenging for this student.
3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade-and age-appropriate curriculum.	The student(a) requires extensive, repeated, individualized instruction and support that is not of a temporary or transient nature and (b) uses substantially adapted materials and individualized methods of accessing information in alternative ways to acquire, maintain, generalize, demonstrate and transfer skills across multiple settings.

Will this student take the State Assessment this IEP year? Yes

If yes, which test? General DLM/Alternate

Transportation

The transportation information below populates from the Demographic screen. If you should need to change it you will need to go to the Demographic screen and make the change.

Special Transportation needed: Transportation

Accommodations (included supplementary aids and services) are changes in procedures that DO NOT change what is being taught or measured. An example of an accommodation is a change in mode of instruction (e.g., visually, tactually, orally, etc.). [KSDE link for more information.](#)

Modifications are changes in procedures that DO change what is being taught or measured. An example of a modification is reducing the number of distractors for a multiple answer question on a course quiz.

Accommodations and Modifications

Does this student require any accommodations and or modifications? Yes No If yes, please indicate below.

Accommodation/Modification	Frequency	Location	Duration	Begin Date
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Record: 1

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Record: 2

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Record: 3

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Supplementary Aids, Services and Supports for School Personnel

The IEP team determines what supplementary aids and services and other supports, are to be provided to the child with a disability or on behalf of the child in general education classes or other education-related settings, and in extracurricular and nonacademic settings, to enable children with disabilities to be educated with children without disabilities to the maximum extent appropriate (the least restrictive environment) (K.A.R. 91-40-1(ttt)). The supplementary aids and services are to be based on peer-reviewed research to the extent that they are available. Examples of supplementary aids and services include paraeducator services, assistive technology devices and services, and other accommodations as appropriate. (Kansas Special Education Process Handbook, Kansas State Department of Education)

The IEP should also include a statement of the supports for school personnel that need to be provided for each child to enable him/her to advance appropriately toward attaining their measurable annual goals and to be involved and progress in the general

education curriculum. These supports may include specialized staff development (e.g., learn sign language, learn a software program the child will use), consultation by a special teacher, or materials or modifications to the environment. (Kansas Special Education Process Handbook, Kansas State Department of Education)

Will any additional supplementary aids/services or supports for school personnel be required for this student? Yes No If yes, please describe.

Supplementary Aid or Service	Frequency	Location	Duration	Begin Date
Record: 1				
Record: 2				
Record: 3				

Anticipated Extended School Term

The IEP team has enough information to determine that Legal First Name does require extended school term services.

ESY start date: Cannot be before the first day of summer school.
 ESY end date: Cannot be after the last day of summer school.
 Anticipated ESY Date: June 4 - June 29

ESY Justification (Check one or all that document the reason for ESY)

- Significant regression is anticipated if ESY services are not provided. This data should document regression/recoupment needs. It could be data taken over summer break, winter break, spring break, etc. To qualify the amount of time needed to recoup should exceed the length of the break.
- The nature and severity of the disability(ies) necessitate ESY to ensure the provision of FAPE so that the student can make progress toward IEP goals that are crucial in moving toward self-sufficiency and independence (examples: self-help skills as dressing or eating, or students who need continued structure to develop behavioral control).

If Regression is marked above then a new record should be created for each goal the student has shown possible regression on.

Record: 1

Goal Number: _____	Pre-Break Date: _____	Pre-Break Data: _____	School Break Used: _____
	Post-Break Date: _____	Post-Break Data: _____	

Comments:	
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Record: 2

Goal Number:	Pre-Break Date:	Pre-Break Data:		School Break Used:
	Post-Break Date:	Post-Break Data:		
Comments:				

Record: 3

Goal Number:	Pre-Break Date:	Pre-Break Data:		School Break Used:
	Post-Break Date:	Post-Break Data:		
Comments:				

Regression Data must be collected and reviewed prior to utilizing severity reasoning. If Severity is marked above then the team should document reasoning. All IEPs noting severity will be forwarded to Assistant Director of Special Education for review.

Severity Justification/Reasoning:

List Assistive Tech Equipment/Software, HealthCare Plans, PBS Plans, visual schedules, motivation systems, data collection charts/tools the student/team will need to address the ESY goal(s):

(Please arrange for these materials to be provided to the ESY teacher)

The IEP team has enough information to determine that Legal First Name does not require extended school year services.

The IEP team does not have enough information to determine necessary extended school term services at this time and will reconvene at a later date to make the determination and/or add services.

ANNUAL TEAM CONSIDERATIONS

Educational Setting

To what extent, if any, will the child not participate with non identified children in general education classes, the general education curriculum, extracurricular activities, and other nonacademic activities?

Are there any potential harmful effects of the recommended placement on the student and/or the quality of services for the student? (Do the positive effects of the placement outweigh the potential harmful effects?)

The following individuals, as indicated by their signatures have participated in the development of this IEP:

Acknowledgment

I have been fully informed of all the information relevant to my child's IEP and have been an active participant in the process. I have received a copy of my parental rights (procedural safeguards) and understand those rights. I have received a copy of this IEP and a copy of the most current evaluation.

<u>Signatures</u>	(Parent/Legal Guardian/Student Signature)	(Date)
NAME	POSITION	DATE
_____	Parent/Legal Education Decision Maker	_____
_____	Parent/Legal Education Decision Maker	_____
_____	Student	_____
_____	Special Education Teacher	_____
_____	General Education Teacher	_____
_____	LEA Representative	_____
_____		_____
_____		_____
_____		_____
_____		_____

*LEA representative/designee must (1) be qualified to provide or supervise special education services, (2) have knowledge of the local general curriculum, and (3) be knowledgeable about availability of resources in the LEA.

NOTICE OF DESTRUCTION OF SPECIAL EDUCATION RECORDS: Special education records for each child with an exceptionality are maintained by the school district until no longer needed to provide educational services to the child. This notice is to inform you that the special education records for this student will be destroyed after five (5) years following program completion or graduation from high school, unless the student (or the student's legal guardian) has taken possession of the records prior to that time.

Agency Name
Health Care Plan
For Student With Special Health Needs

Asthmatic Seizures Medically Fragile

I. Identifying Information

Student Name: Legal Full Name (FL)

Date:

DOB: Birthdate

Teacher: Pri Prov Name

Grade: Grade

School: Pri Attend Bldg Name

District: Pri Attend Bldg LEA

Physician's order/authorization must accompany ONLY if the plan includes any medications to be dispensed or the administration of any specialized procedure.

II. Medical Overview

Disability/Diagnosis:

Medications:

Side Effects:

Any Known Allergies:

Prescribed Health Care Procedures for Period of to

III. Background Information/Nursing Assessment

Brief Medical History: Additional information attached Yes No

Specific Health Care Needs: Additional information attached Yes No

Social/Emotional Concerns: Additional information attached Yes No

Health Care Action Plan

Completed by

Attached physician's order and other standards for care.

PROCEDURES AND INTERVENTIONS (child specific)

Procedure:

Administered by:

Equipment:

Maintained by:

Authorized/Trained by:

Medications: Additional information attached Yes No

Diet: Additional information attached Yes No

Classroom School Modifications: Additional information attached Yes No

Transportation: Additional information attached Yes No

Training:(training plan must be attached)

Safety Measures: Additional information attached Yes No

Is equipment/supplies required? Yes No

List Necessary equipment/supplies

Equipment provided by parent:

Equipment provided by district:

Emergency Plan Attached: Yes No

Transportation Plan Attached: Yes No

Training Plan Attached: Yes No

IV. Document of Participation

We have participated in the development of the Health Care Plan.

<u>TEAM MEMBERS</u>	<u>POSITION</u>	<u>Agree</u>	<u>Disagree*</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

V. Health Care Plan Review

Next revision review date of Health Care Plan:

VI. Parent Authorization For Special Health Services

- I/We, the undersigned who are the parent(s)/guardian(s) of Legal Full Name (FL) request and approve the attached Individualized Health Care plan.
- I/We understand a qualified person(s) will be performing the health care services. It is our understanding that in performing this service, the designated person(s) will be using a standardized procedure which has been approved by the child's Health Care Team and Physician.
- I/We will notify the school immediately if the health status of Legal First Name changes or cancellation of the procedure.
- I/We agree to provide the following: medical equipment and supplies, medications, and/or dietary supplements.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

COPIES OF HEALTH PLAN DISTRIBUTED TO THE FOLLOWING:

- Cumulative File
- Special Education Teacher
- Parents
- Transportation

School Nurse

Other

RCEC Nurse

Emergency Information

Exceptionality: Pri Except

IEP Date: IEP Meeting Date

Student: Legal Full Name (FL)

DOB: Birthdate

Student lives with:

Parent 1 Rel to Child : Parent 1 First Name Parent 1 Last Name

Home Number: []

Cell Number: []

Address: Parent 1 Street Parent 2 City Parent 1 State Parent 1 Zip

E-mail: Parent 1 Email #1

Parent 2 Rel to Child Parent 2 First Name Parent 2 Last Name

Home Number: []

Cell Number: []

Address: Parent 2 Street Parent 2 City Parent 2 State Parent 2 Zip

E-mail: Parent 2 Email #1

Other Contact: Parent 3 First Name Parent 3 Last Name

Contact Number: Parent 3 Phone #1

Summary of Medical Information

Diagnosis:

[]

History:

[]

Allergies:

[]

Medications:

[]

Procedures:

[]

School Health Care Plan Attached: Yes No

Emergency Numbers

Primary Physician:

[]

Contact Number: []

Preferred Hospital:

[]

Contact Number: []

Specialists:

[]

Contact Number: []

Other:

[]

Contact Number: []

Other:

[]

Contact Number: []

COPIES OF HEALTH PLAN DISTRIBUTED TO THE FOLLOWING:

- Cumulative File
- Parents
- School Nurse
- RCEC Nurse
- Special Education Teacher
- Transportation
- Other

9/3/2015