INDIVIDUALIZED EDUCATION PROGRAM   Student Name: _____   DOB: _____   Grade: _____   **CONFIDENTIAL DOCUMENT**

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Transition Services

Date of Student Invitation: [_____]   Method of Student Invitation: [_____]

Measurable Postsecondary Goals   (Outcomes that occur after the student has left high school.)

Training or Education Goal: [_____]
Employment Goal: [_____]
Independent Living Goal: [_____]
(if applicable)

Transition Assessments   List the multiple assessments used to address the student's career interests, vocational skills, employability, independent living skills, self advocacy and other preferences and interests. Assessment documentation must be included in IEP folder.

TRANSITION SERVICES	SCHOOL ACTION STEPS	STUDENT ACTION STEPS	FAMILY ACTION STEPS	AGENCY ACTION STEPS
INSTRUCTION/ RELATED SERVICES				
COMMUNITY EXPERIENCES				
EMPLOYMENT AND POSTSCHOOL ADULT LIVING				
FUNCTIONAL VOCATIONAL EVALUATION AND DAILY LIVING SKILLS				

☐ The Individual Graduation Plan (IGP)   ☐ Individual Graduation Plan for LEAP Connect   ☐ Educational/Career Plan for LEAP Connect

WHEN NEEDED, IF A PARTICIPATING AGENCY DOES NOT ATTEND, DOCUMENT OTHER ACTIONS FOR AGENCY LINKAGES.

Exit Document: _____
Years to Graduate/Exit: _____
Anticipated Exit Date: _____

INDIVIDUALIZED EDUCATION PROGRAM Student Name: _____ DOB: _____ Grade: _____ **CONFIDENTIAL DOCUMENT**

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General Student Information

HOMEBASED SCHOOL: _____ OTHER SCHOOL: _____

IEP TYPE: _____ INDIVIDUAL EVALUATION / WAIVER DATE: _____

Primary / Other	Exceptionality	Detail(s)
Primary		
Other		
Other		
Other		
Other		

IEP Participants	Name	IEP Participants	Name

Include strengths; parental concerns; evaluation results; academic, developmental, and functional needs; statewide assessment results; progress or lack of expected progress in general education curriculum; and consideration of special factors: behavior, language needs for english learner, instruction in and use of braille, communication needs, assistive technology devices and services, and health needs.

Directions: Check "Yes" or "N/A" for both questions.

Does the student have limited or no verbal skills?

☐ Yes   ☐ N/A

Does the student have other significant impairment in the areas of receptive and/or expressive language, including but not limited to impairements in the areas of apraxia, articulation/phonology, fluency, pragmatics, or auditory processing.

☐ Yes   ☐ N/A

- In order to effectively plan for this student's unique communication support needs and facilitate his/her academic progress,
  - In the General Student Information drop down list, the "Communication" item will self-populate.
  - The "Communication Needs of Child" section must be completed.
  - A communication plan must be developed for this student. "The Tools for Developing Communication Plans" is a resource for IEP teams to use in developing plans.
  - At least 1 communication related goal must be included in the instructional pages of the IEP.

General Information about the Student:	
Strengths:	
Parent Concerns:	
Evaluation / Reevaluation Results:	

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Academic, Developmental, and Functional Needs:	
Statewide Assessment Results:	
Progress or lack of expected progress in general education curriculum:	

General Student Information (continued)

Consideration of Special Factors

Behavior:	
English Learner:	
Communication Needs of Child:	
Instruction in and use of Braille:	
Assistive Technology Services / Devices - Please indicate AT devices used on the Accommodations Page	
Health needs - IHP needs to be attached to IEP	

☐ **After consideration by the IEP team, there are no special factors that need to be addressed at this time**

Transition Courses of Study - Attach plan to IEP: ☐ Individual Prescription for Instruction   ☐ Individual Graduation Plan   ☐ Individual Graduation Plan for LEAP Connect Students   ☐ Educational/Career Plan for LEAP Connect Students

Educational Needs: ☐ Academic/Cognitive   ☐ Behavior   ☐ Communication   ☐ Motor   ☐ Self-Help   ☐ Social

Copies must be provided to Teacher(s), Parent(s), and Central Office

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Instructional Plan # _____

EDUCATIONAL NEED AREA: _____

CONTENT AREA: _____

☐ ESY Instruction   ☐ Act 833 Applied

☐ Targeted for Secondary Transition   ☐ Louisiana Connectors Aligned Instruction

Present Level of Academic Achievement and Functional Performance

Measurable Academic / Functional Goal

Method of Measurement: _____

Additional Methods of Measurement: _____

Date Achieved: _____

REQUIRED FOR STUDENTS PARTICIPATING IN ALTERNATE ASSESSMENT AND ACT 833
MEASURABLE SHORT-TERM OBJECTIVES or BENCHMARKS (Number each objective or benchmark)

#	THE STUDENT WILL	Date Achieved
1		
2		
3		

PERSONNEL RESPONSIBLE FOR IMPLEMENTING GOAL (Check by position)

☐ Special EducationTeacher   ☐ Parent   ☐ Speech/Language Pathologist   ☐ Regular EducationTeacher   ☐ Student   ☐ Adapted Physical Educator

☐ Other Related Service Providers (List) _____

☐ Other (List)

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Accommodations listed on the IEP should be used routinely in classroom instruction and on similar classroom assessments. Select testing accommodations that correlate to instructional accommodations used routinely throughout the academic year.

☐ **ESY Instruction**

☐ **NONE (This student does not require Accommodations)**

*English III Only
**Replaced LEAP and EOC
***Except Reading Comprehension sections on the Eng III EOC

Accommodations   CHECK THE INDIVIDUAL ACCOMMODATIONS NEEDED

			Statewide Assessments										
◯ Access For All ☐ Accommodation			Paper							Online			
△ Accessibility Feature ◆ Assistive Technology		Classroom	LEAP 2025** Grades 3-4				Grades 3-12	Grades 9-12	Grades 3-12	LEAP 2025** Grades 3-12			
		Instruction	Testing	ELA	Math	Social Studies	Science	LAA 1 Science	LAA 2	LEAP Connect	ELA	Math	Social Studies	Science
Presentation Accommodations														
Read Aloud														
Text-to-Speech		☐☐	☐☐								☐☐***	☐☐	☐☐	☐☐
Human		☐☐	☐☐	☐☐	☐☐	☐☐	☐☐				☐☐***	☐☐	☐☐	☐☐
Kurzweil		☐☐	☐☐	☐☐	☐☐	☐☐	☐☐							
Recorded voice file		☐☐	☐☐	☐☐	☐☐	☐☐	☐☐							
Modify Test/Assignments														
Modified tests		☐☐	☐☐											
Modify assignments as needed		☐☐	☐☐											
Shorten assignments		☐☐	☐☐											
Limit amount of work required or length of tests		☐☐	☐☐											
Modify/repeat/model directions		☐☐	☐☐											
Alter format of materials on page (type/highlight/spacing)		☐☐	☐☐											
Limited multiple choice/Reduce answer choices		☐☐	☐☐											
Provide Word bank/Word assistance		☐☐	☐☐											
Multiple choice spelling tests, shortened spelling list		☐☐	☐☐											

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Legend		Statewide Assessments											
○ Access For All ■ Accommodation		Paper							Online			
△ Accessibility Feature ◆ Assistive Technology												
	Classroom		**LEAP 2025** Grades 3-4				**Grades 3-12**	**Grades 9-12**	**Grades 3-12**	**LEAP 2025** Grades 3-12			
	Instruction	**Testing**	**ELA**	**Math**	**Social Studies**	**Science**	**LAA 1 Science**	**LAA 2**	**LEAP Connect**	**ELA**	**Math**	**Social Studies**	**Science**

Presentation Accommodations

Communication Assistance

	Instruction	Testing	ELA	Math	Social Studies	Science	LAA 1 Science	LAA 2	LEAP Connect	ELA	Math	Social Studies	Science
Communication Assistance/Task Description	□■	□■					□■		□■				
Fm system	□■◆	□■◆	□■◆	□■◆	□■◆	□■◆	□■◆	□■	□■	□■◆	□■◆	□■◆	□■◆
Adapted toys/games	□■◆	□■◆											
Computer/Word-Processor	□■◆	□■◆	□■◆	□■◆	□■◆	□■◆		□■◆		○	○	○	○
Touch Screen Monitor	□■◆	□■◆								□■	□■	□■	□■
Reading pen	□■◆	□■◆											
Communication assistance - related to hearing loss only	□■	□■	□■	□■	□■	□■	□■	□■	□■	□■	□■	□■	□■
Hearing Device	□■	□■	□■◆	□■◆	□■◆	□■◆	□■◆	□■◆	□■	□■◆	□■◆	□■◆	□■◆
Interpreter	□■	□■	□■	□■	□■	□■	□■	□■	□■	□■	□■	□■	□■
Visuals	□■	□■					□■						
Visual schedule/Picture schedule	□■	□■											
Audio Amplification System	□■◆	□■◆	□■◆	□■◆	□■◆	□■◆	□■◆	□■◆	□■	○	○	○	○
Communication Assistance Script (for interpreters and UEB read aloud)	□■	□■	□■	□■	□■	□■			□■	□■	□■	□■	□■

Other Presentation Accommodations

	Instruction	Testing	ELA	Math	Social Studies	Science	LAA 1 Science	LAA 2	LEAP Connect	ELA	Math	Social Studies	Science
Answer Masking	○	○	○	○	○	○	○	○	○	○	○	○	○
General Administration- Directions Clarified by test administrator	○	○	○	○	○	○	○	○	○	○	○	○	○
General Masking	○	○	○	○	○	○	○	○	○	○	○	○	○
Highlight Tool/Highlighter	□■	□■	○	○	○	○				○	○	○	○
Headphones or Noise Buffers	○	○	○	○	○	○			○	○	○	○	○
Magnification/Enlargement Device	□■	□■	□■	□■	□■	□■	□■	□■		○	○	○	○
Pop-up Glossary													
Redirect Student to the Test		□■	○	○	○	○	○	○	○	○	○	○	○
Tactile Graphics		□■	□■	□■	□■	□■							
Utilize graphic/pictorial mode materials (e.g. tactile graphics)	□■	□■					□■						
Large Print	□■	□■	□■	□■	□■	□■		□■		○	○	○	○

Copies must be provided to Teacher(s), Parent(s), and Central Office

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○ Access For All □ Accommodation △ Accessibility Feature ◇ Assistive Technology			**Statewide Assessments**										
	Classroom		**Paper**						**Online**				
			LEAP 2025 Grades 3-4				Grades 3-12	Grades 9-12	Grades 3-12	**LEAP 2025** Grades 3-12			
	Instruction	Testing	ELA	Math	Social Studies	Science	LAA 1 Science	LAA 2	LEAP Connect	ELA	Math	Social Studies	Science
Presentation Accommodations													
Change background font and colors	□■	□■							○	○	○	○	○
Color reading filters	□■◇	□■◇	□■◇	□■◇	□■◇	□■◇		□■◇	○	○	○	○	○
Color code material	□■												
Provide study outlines/guides	□■	□■											
Provide assistance/cues/prompts for transitions between activities	□■												
Task analysis	□■												
Use multi-sensory modes /tools to reinforce instruction	□■												
Use text/workbooks/worksheets at modified reading level	□■	□■											
Provide daily assignment list	□■												
Provide homework lists	□■												
Preview test procedures		□■											
Simplify test wording		□■											
Utilize audio/recorded texts	□■◇	□■◇											
Utilize digital formats	□■◇	□■◇											
Digital Recorders	□■◇	□■◇											
E-reader	□■	□■											
UEB	□■	□■	□■	□■	□■	□■		□■	□■	□■	□■	□■	□■

Other (Classroom only - NOT for state assessments)	
Unique (Requires additional documentation and LDOE approval for use on state assessments)	

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Legend: ● Access For All   ■ Accommodation   △ Accessibility Feature   ◆ Assistive Technology

	Classroom		Paper — LEAP 2025** Grades 3-4				Grades 3-12	Grades 9-12	Online Grades 3-12	Online — LEAP 2025** Grades 3-12			
	Instruction	Testing	ELA	Math	Social Studies	Science	LAA1 Science	LAA 2	LEAP Connect	ELA	Math	Social Studies	Science
Response Accommodations													
Communication Assistance													
Communication board/system	□■◆	□■◆	□■◆	□■◆	□■◆	□■◆	□■◆	□■		□■◆	□■◆	□■◆	□■◆
Functional communication book	□■	□■	□■	□■	□■	□■	□■	□■		□■	□■	□■	□■
PECS	□■	□■	□■	□■	□■	□■	□■	□■		□■	□■	□■	□■
Scribing/Utilize oral responses to assignments/tests (answers recorded)	□■	□■	□■	□■	□■	□■		□■		□■	□■	□■	□■
Speech-to-Text	□■◆	□■◆	□■◆	□■◆	□■◆	□■◆		□■◆	□■	□■◆	□■◆	□■◆	□■◆
Voice output device	□■	□■	□■◆	□■◆	□■◆	□■◆	□■◆	□■◆	□■	□■◆	□■◆	□■◆	□■◆
Voice recognition software	□■◆	□■◆					□■◆						
Word Processors	□■	□■	□■◆	□■◆	□■◆	□■◆		□■◆	●	●	●	●	●
Switch Interface	□■	□■								□■◆	□■◆	□■◆	□■◆
Headmouse	□■	□■								□■◆	□■◆	□■◆	□■◆
Trackball Mouse	□■	□■								□■◆	□■◆	□■◆	□■◆
Communication Device	□■◆	□■◆	□■◆	□■◆	□■◆	□■◆	□■◆	□■◆		□■◆	□■◆	□■◆	□■◆
Listening device	□■◆	□■◆	□■◆	□■◆	□■◆	□■◆	□■◆	□■◆		□■◆	□■◆	□■◆	□■◆
Whisper phone	□■◆	□■◆											
Adaptive Keyboard	□■	□■	□■◆	□■◆	□■◆	□■◆		□■◆		□■◆	□■◆	□■◆	□■◆
Adaptive Joystick	□■	□■								□■◆	□■◆	□■◆	□■◆
Computation Devices (Except on specific fluency items)													
Calculators	□■◆	□■◆		□■◆				□■◆	□■		□■		
Multiplication Chart/Hundreds Chart/Number Line	□■	□■		□■				□■	□■		□■		
Manipulatives/Abacas	□■	□■	□■	□■				□■◆	□■		□■	□■	
Timers	□■	□■	□■	□■	□■	□■	□■◆	□■		□■	□■	□■	□■
Other Response Accommodations													
Braille Note-taker	□■	□■	□■	□■	□■	□■	□■	□■	□■	□■◆	□■◆	□■◆	□■◆
Writing Tools	□■◆	□■◆	□■◆	□■◆	□■◆	□■◆		□■◆	□■	●	●	●	●
Slant Board	□■	□■	□■	□■	□■	□■		□■		□■	□■	□■	□■

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Legend:
- ◉ Access For All
- △ Accessibility Feature
- ▦ Accommodation
- ◆ Assistive Technology

	Classroom		Paper — LEAP 2025** Grades 3-4				Grades 3-12	Grades 9-12	Grades 3-12	Online — LEAP 2025** Grades 3-12			
Response Accommodations	Instruction	Testing	ELA	Math	Social Studies	Science	LAA1 Science	LAA 2	LEAP Connect	ELA	Math	Social Studies	Science
NotePad/Blank Paper	◉	◉	◉	◉	◉	◉	◉		◉	◉	◉	◉	◉
Eliminate Answer Choices										◉	◉	◉	◉
Flag Items for Review										◉	◉	◉	◉
Blank Paper/Adapted Paper	□▦	□▦	◉	◉	◉	□▦		□▦		◉	◉	◉	◉
Copy of notes (teacher notes, class notes)	□▦												
Word bank, reduced answer choices on multiple choice tests	□▦	□▦											
Word prediction on the ELA/Literacy Performance-based Assessment	□▦	□▦	□▦	□▦	□▦	□▦		□▦		□▦	□▦	□▦	□▦
Planners/Organizers/Graphic organizers	□▦	□▦											
Adapted grips/utensils/pencils/drawing tools	□▦	□▦	□▦	□▦	□▦	□▦		□▦		□▦	□▦	□▦	□▦
Eye gaze communication system	□▦	□▦	□▦◆	□▦◆	□▦◆	□▦◆	□▦◆	□▦◆		□▦◆	□▦◆	□▦◆	□▦◆
Answers Recorded	□▦	□▦	□▦	□▦	□▦	□▦		□▦	□▦	□▦	□▦	□▦	□▦
Transferred Answers	□▦	□▦	□▦	□▦	□▦	□▦		□▦	□▦	□▦	□▦	□▦	□▦
Provide product options for students to obtain information and demonstrate knowledge through use of: alternative projects/ interviews/ oral reports	□▦	□▦											
Student writes on test		□▦	◉	◉	◉	◉		◉					
Objective tests		□▦											
Rephrase test questions	□▦	□▦											
Test study guide	□▦	□▦											
Shortened tasks	□▦	□▦											
Extra credit options	□▦	□▦											
Hands-on-projects	□▦	□▦											
Dictionary/Thesaurus/Spell Checker	□▦	□▦						□▦		□▦*			

Other (Classroom only - NOT for state assessments)	

Copies must be provided to Teacher(s), Parent(s), and Central Office

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Unique (Requires additional documentation and LDOE approval for use on state assessments)														

◉ Access For All ☐ Accommodation △ Accessibility Feature ◇ Assistive Technology		**Statewide Assessments**												
		Paper							**Online**					
	Classroom		**LEAP 2025** **Grades 3-4**				Grades 3-12	Grades 9-12	Grades 3-12	**LEAP 2025** **Grades 3-12**			
	Instruction	Testing	ELA	Math	Social Studies	Science	LAA1 Science	LAA 2	LEAP Connect	ELA	Math	Social Studies	Science
Timing & Scheduling													
Extended Time/Increase the amount of time allowed to complete assignments and tests	☐■	☐■	☐■	☐■	☐■	☐■		☐■		☐■	☐■	☐■	☐■
Pace long term projects	☐■												
Extra time-written work	☐■	☐■											
Prior notice of tests	☐■	☐■											
Modify student's schedule	☐■												
Allow breaks during work periods, between tasks, during testing	☐■	☐■	☐■	☐■	☐■	☐■		☐■		☐■	☐■	☐■	☐■
Provide assistance/cues for transition between classes, lockers, and home	☐■												
Content Mastery Center	☐■	☐■											

Other (Classroom only - NOT for state assessments)	
Unique (Requires additional documentation and LDOE approval for use on state assessments)	

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◉ Access For All ☐ Accommodation ▲ Accessibility Feature ◆ Assistive Technology		**Statewide Assessments**											
		Paper							**Online**			
	Classroom		**LEAP 2025** Grades 3-4**				**Grades 3-12**	**Grades 9-12**	**Grades 3-12**	**LEAP 2025** Grades 3-12**			
	Instruction	**Testing**	**ELA**	**Math**	**Social Studies**	**Science**	**LAA1 Science**	**LAA 2**	**LEAP Connect**	**ELA**	**Math**	**Social Studies**	**Science**
Setting Considerations													
Individual testing		☐▲	☐▲	☐▲	☐▲	☐▲		☐▲		☐▲	☐▲	☐▲	☐▲
Small group testing		☐▲	☐▲	☐▲	☐▲	☐▲		☐▲		☐▲	☐▲	☐▲	☐▲
Provide individualized instruction	☐☐												
Provide small group instruction	☐☐												
Assign peer tutors/work buddies/note-takers	☐☐												
Provide desktop list of tasks	☐☐												
Alter physical room environment	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐		☐☐		☐☐	☐☐	☐☐	☐☐
Separate or Alternate Location	☐▲	☐▲	☐▲	☐▲	☐▲	☐▲		☐▲		☐▲	☐▲	☐▲	☐▲
Specified Area or Seating	☐☐	☐☐	☐▲	☐▲	☐☐	☐☐		☐☐		☐▲	☐▲	☐▲	☐▲
Other (Classroom only - NOT for state assessments)													
Unique (Requires additional documentation and LDOE approval for use on state assessments)													

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Program / Services

LOUISIANA EDUCATIONAL ASSESSMENT PROGRAM

Regular Assessments ☐

Alternate Assessment ☐ LEAP Connect - For students who were in 8th grade or above during the 2018-2019 school year.

☐ LEAP Connect -- For students who were in 7th grade or below during the 2018-2019 school year.

For a 12th grade student who is eligible to participate in LEAP Connect, continue selecting the appropriate LEAP Connect option above even if the student is not required to test during the 12th grade year.

☐ LAA 2 -- The LAA 2 will no longer be administered in grades 4-8 starting with the 14-15 school year. IEP teams may continue to check these boxes for eligible students who have entered a high school cohort in 13-14 or before and those students will continue to have access to the LAA 2 graduation exams.

☐ ELA   ☐ Math
☐ Science   ☐ Social Studies

None ☐ This option should be selected only under one of the following two conditions:
 - Prekindergarten through second grade students (For students in second grade, this IEP may still be valid when the student is in 3rd grade and participating in statewide assessments. Please consider this possibility and the spring testing window when making an assessment decision.)
 - Graduating seniors who have passed the required components of the exit examination

The ACT assessment requires separate documentation and approval for local, state, and ACT approved accommodations as outlined in the Procedures for Requesting ACT Test Accommodations.

Act 833 Eligibility

☐ No   ☐ Yes

☐ Promotion   ☐ Graduation

Special Transportation

☐ No   ☐ Yes - Describe

REGULAR CLASSES

☐ Reading   ☐ Spelling   ☐ Physical Education
☐ Science   ☐ Writing   ☐ Social Studies
☐ Math   ☐ Art/Music   ☐ Foreign Language
☐ Vocational   ☐ English/Language Arts
☐ Electives (list)

If not in regular classes, explain

ACTIVITIES WITH NON-DISABLED PEERS (Check all activities with non-disabled peers)

☐ Assemblies   ☐ Buses   ☐ Field Trips
☐ Library   ☐ Meals   ☐ Recess
☐ Extracurricular/Nonacademic
☐ Other

☐ If not participating in activities with non-disabled peers, explain

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EXTENDED SCHOOL YEAR SERVICES

Criteria For Consideration:

☐ Regression / Recoupment
☐ Critical Point of Instruction 1
☐ Critical Point of Instruction 2

Special Circumstances

☐ Employment
☐ Transition to Part B (Preschool)
☐ Transition to Post School Outcomes
☐ Excessive Absences
☐ Extenuating Circumstances

Supports Needed for School Personnel (Describe)

INDIVIDUALIZED EDUCATION PROGRAM   Student Name: _____   DOB: _____   Grade: _____   **CONFIDENTIAL DOCUMENT**

LOUISIANA DEPARTMENT OF EDUCATION   System: _____   Meeting Date: _____   State ID: _____   Local ID: _____   Page __ of __   **Revised 2019**

Services / Placement

STUDENTS TOTAL INSTRUCTIONAL DAY (Minutes): _____   Student attends school [   ] days per week.

Service	Date to Begin	Duration	Individual / Group	Regular Class		Community		Special Class	
				Minutes	Sessions	Minutes	Sessions	Minutes	Sessions

Total Number of Minutes in Special Setting per Week: _____

Service	Date to Begin	Frequency	Individual / Group	Regular Class		Community		Special Class	
				Minutes	Sessions	Minutes	Sessions	Minutes	Sessions

Total Number of Minutes in Special Setting per Week: _____

PLACEMENT/SERVICE DETERMINATION CHECKLIST

Attends Regular Early Childhood Program at least 10 hours per week
- [ ] Receives majority of hours of special education and related services in the regular early childhood program
- [ ] Receives majority of hours of special education and related services in some other location

Attends Regular Early Childhood Program less than 10 hours per week
- [ ] Receives majority of hours of special education and related services in the regular early childhood program
- [ ] Receives majority of hours of special education and related services in some other location

Attends Special Education Program (not in any regular early childhood program)
- [ ] Separate Special Education Class   [ ] Residential Facility
- [ ] Separate School

Attends neither a regular early childhood program nor a special education program
- [ ] Receives majority of special education and related services at home
- [ ] Receives majority of special education and related services at service provider or other location

COMMENTS

INDIVIDUALIZED EDUCATION PROGRAM   **Student Name:** _____   **DOB:** _____ **Grade:** _____   **CONFIDENTIAL DOCUMENT**

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Placement

SITE DETERMINATION

NOTE: The local education agency may choose to complete this section at this time. If the following assurances cannot be provided at this time, then a Site Determination Form assuring that the site selected is in accordance with least restrictive environment rules must be forwarded to the parent within ten (10) calendar days.

ASSURANCES:
1. This school is the one the student would attend if he or she were not identified exceptional.
2. This school and class are chronologically age appropriate for the student.
3. The school selected is accessible to the student for all school activities.
4. The classroom is comparable to and integrated with regular classes.

Site: _____

PROGRESS REPORT

The LEA assures that the program and services described in the IEP will be provided. The schedule for describing the progress towards achievement of the academic and functional annual goals will be every [ ] weeks, current with the issuance of report cards.

ASSESSMENT IMPLICATIONS (Check one)

☐ I understand my child will participate in LEAP Alternate Assessment, LEAP Connect. Testing in LEAP Connect means my child may earn a high school diploma if my child meets the requirements for the alternate pathway to a diploma for students assessed on LEAP Connect. If my child does not meet those requirements, I understand my child should earn a Certificate of Achievement. The implications of participating in LEAP Conect have been explained to me and will be reviewed annually.

☐ I understand my child (I) will participate in LEAP Alternate Assessment, Level 2 (LAA 2), and by meeting all graduation requirements, my child (I) will receive a high school diploma. However, if my child (I am) is not pursuing a high school diploma, my child (I) may pursue Louisiana's General Education Development (GED) diploma with possibly an Industry Based Certificate, or a State Approved Skills Certificate. If during the exit year all requirements for earning a high school diploma, GED, or State Approved Skills Certificate have not been met, then my child (I) may be eligible to exit high school with a Certificate of Achievement. I understand that this certificate limits my child's (my) choices of post-secondary education and careers, including military services. The implications of participating in LAA 2 have been explained to me and will be reviewed annually.

The LAA 2 will no longer be administered in grades 4-8 starting with the 14-15 school year. Students who have entered a high school cohort in 13-14 will continue to have access to the LAA 2 high school tests for graduation purposes. State law has recently changed regarding graduation options for students with disabilities and the IEP form has been updated to accommodate these new options.

AGE OF MAJORITY

☐ **Beginning at least one year before reaching the age of majority, I (my child) have been informed that my (his or her) rights under the act will transfer to me (my child) on my (his or her) reaching the age of majority**

PARENT/STUDENT* CONSENT FOR SERVICES

☐ I have received a copy of the Louisiana Educational Rights of Exceptional Children with disabilities, and was given an opportunity for an oral explanation. I have received a copy of my (child's) evaluation and documentation of determination of eligibility.

☐ I give consent for the initial provision of special education and related services.

☐ I understand that if I disagree with any services or the placement described on the IEP, I can pursue a solution to my complaint through the state's written dispute resolution options.

☐ Parent / Student did not attend the **Review** IEP Team meeting.

SUPPORTING DOCUMENTATION
Have the following documents been included in the IEP folder?

	Yes	N/A
LEAP Alternate Assessment Participation Criteria, Level 2 (LAA 2)	☐	☐
Individual Healthcare Plan	☐	☐
Individual Prescription for Instruction (get copy from advisor/school guidance counselor)	☐	☐
Individual Graduation Plan (current IGP has been uploaded in the attachments feature)	☐	☐
Parental Consent form for Connections for 8th graders (get signed copy from SBLC team)	☐	☐
Summary of Performance Criteria Form	☐	☐
Parental Consent form for Medicaid Billing	☐	☐
Individual Graduation Plan for LEAP Connect Students	☐	☐
Educational / Career Plan for LEAP Connect Students	☐	☐
Behavior Intervention Plan	☐	☐
Communication Plan	☐	☐
Assistive Technology Consideration Checklist	☐	☐
Unique Accommodations Request	☐	☐

SIGN: _____

PARENT/GUARDIAN/SURROGATE PARENT/COMPETENT MAJOR/STUDENT   **Date**

PRINT:

*Signature is only required for the **initial** provision of services.
* Parents should initial and date in the IEP Participant box on the GSI page if they attended an IEP team meeting where the IEP was amended.

SIGN: _____

OFFICIALLY DESIGNATED REPRESENTATIVE OF LOCAL EDUCATION AGENCY   **Date**

PRINT:

INDIVIDUALIZED EDUCATION PROGRAM   Student Name: _____   DOB: _____   Grade: _____   **CONFIDENTIAL DOCUMENT**

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