

**Department of Defense Education Activity
Non-DoD Schools Program
Individualized Education Program (IEP)**

Student Information

Name: _____ DOB: _____
 Country: _____ School: _____
 Disability: _____ Native Language: _____ Grade: ____
 Date of IEP: _____ IEP Implementation Date: _____
 Annual Review Date: _____ Triennial Review Date: _____
 Type of IEP: Initial Annual Review Triennial Modified Draft

* For initial IEP, parent signature on the IEP indicates consent for provision of services.

Special Education Services (Direct Services to Student)

Type of Service	Location	Anticipated Frequency	Time	Start Date	End Date	Service Provider and/or Funding Source

Related Services (Direct Services to Student)

Type of Service	Location	Anticipated Frequency	Time	Projected No. Sessions	Start Date/End Date	Service Provider and/or Funding Source

Consultation (Indirect Services to School/Community Personnel and Parent only)

Service Provider	Anticipated Frequency	Time	Start Date	End Date	Service provided to:	Funding Source

Signatures:

 Parent/Guardian

 NDSP Special Education Administrator

ACCOMMODATIONS/SPECIAL CONSIDERATIONS

Physical Education:
Modifications Required:

Transportation:
Modifications Required:

School-Wide Standardized Testing:
 Student will participate without accommodations
 Student will participate with accommodations

Accommodations:

Special factors the IEP team has determined the student requires. Each "Y" (yes) must be addressed on a goal page.

Braille __ y __ n

Limited English Proficiency __ y __ n

Behavior __ y __ n

Communication Needs __ y __ n

Assistive Technology __ y __ n

Consideration of Extended School Year

Additional data is needed in order to make this determination by: _____

Documentation does not support the need for extended school year services.

Record shows student's inability to recoup skills within a reasonable time following regression and recommends extended school year services (attach documentation).

COMMENT:

Accommodations/Modifications in General and Special Education

GOALS and OBJECTIVES

Area:
Need:
Present Level of Performance:

Service Provider(s):
Annual Goal:

Short Term Objectives	Mastery Criteria

Annual Goal:

Short Term Objectives	Mastery Criteria

Annual Goal:

Short Term Objectives	Mastery Criteria

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LEAST RESTRICTIVE ENVIRONMENT

In making the program decision, the following factors were considered by the IEP team in selecting the least restrictive environment.

- Placement of the student is based on his/her individual needs.
- Student is educated, to the maximum extent appropriate, with students who do not have disabilities.
- Removal from general education only when the nature and severity of the student's educational needs are such that education in the general education program with supplementary support and services cannot be achieved satisfactorily.
- Participation with general education students, to the maximum extent appropriate, in school activities.
- Placement is as close as possible to the student's home or in the school she/he would attend if not disabled.

Justification for Placement: Explanation of the extent, if any, to which the student will not participate with non-disabled peers. Describe how the student's disability affects his/her involvement and progress in the general curriculum. For preschool children, indicate how the child's disability affects his/her participation in appropriate activities.

Student Progress: Parents will be informed of their child's progress in meeting the goals of his/her IEP on the same timeline as non-disabled students. DoDEA requires the reporting of student progress on a quarterly basis.

Method by which the student's progress will be reported. _____

If progress will be reported more frequently, indicate schedule for reporting the student's progress. _____