

Instructional Services
 Related Services
 Specify: _____



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 Draft
 Accepted by ARD

INDIVIDUAL EDUCATION PLAN

From: _____ To: _____
 Student's Name _____ School _____ Grade _____ Duration of Services _____
 Instructional Area _____ ENGLISH Language of Delivery: _____ ESL Required: Yes _____ No _____
 Personnel Responsible for Implementation _____ Schedule for Evaluation: _____
 _____ 6 week Report
 _____ 3 week Progress Report

ANNUAL GOAL: _____

Check (T) one: A = progress toward general curriculum; B = other educational needs related to disability

| Present Level of Competency The student is now able to: | Benchmarks/Short Term Objectives The student will be able to: | | Level of Mastery Criteria | Method of Evaluation | 6 Week Report of Progress Level of Accuracy and Results of Evaluation | | | | | | Regression | | |
|--|--|---|---------------------------|----------------------|--|-----------------|-----------------|-----------------|-----------------|-----------------|------------|--|--|
| | A | B | | | 1 st | 2 nd | 3 rd | 4 th | 5 th | 6 th | | | |
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Method of Evaluation:
 Teacher-made tests
 Observations
 Weekly tests
 Unit tests
 Student Conferences
 Work Samples
 Portfolios
 Other: _____

Report of Progress Key:
 (Level of Accuracy)
 # of prompts:
 A. = Independent
 B. = Occasional (1-2)
 C. = Some (3-4)
 D. = Frequent (5-6)

Type of prompts:
 1. = None
 2. = Verbal
 3. = Model/aesture
 4. = Object
 5. = Touch
 6. = Hand-over-hand

% accuracy:
 (E.g., A6 out of 10")

(Results of Evaluation)

NPT = No progress made due to more time needed
 NPA = No progress made due to excessive absences/tardiness
 * = ARD needed. Do not anticipate meeting goal/objective by IEP end
 M = Mastered (Continue evaluation for most current competency)
 P = Proress
 R = Rearession