Overview:

Revised IEP Form

Special Education Directors Webinar
February 11, 2020

MISSISSIPPI DEPARTMENT OF EDUCATION
Ensuring a bright future for every child
VISION
To create a world-class educational system that gives students the knowledge and skills to be successful in college and the workforce, and to flourish as parents and citizens

MISSION
To provide leadership through the development of policy and accountability systems so that all students are prepared to compete in the global community
State Board of Education Goals  FIVE-YEAR STRATEGIC PLAN FOR 2016-2020

1. All Students Proficient and Showing Growth in All Assessed Areas

2. Every Student Graduates from High School and is Ready for College and Career

3. Every Child Has Access to a High-Quality Early Childhood Program

4. Every School Has Effective Teachers and Leaders

5. Every Community Effectively Uses a World-Class Data System to Improve Student Outcomes

6. Every School and District is Rated “C” or Higher
## IEP Committee Participants

### IEP Committee Participants (Signatures are not required.)

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<thead>
<tr>
<th>Initial (Written Parental Permission for Initial Placement must be signed before implementation.)</th>
<th>Annual</th>
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<tbody>
<tr>
<td>Name</td>
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### Names and Position of Excused IEP Committee Members (Attach document to IEP)

<table>
<thead>
<tr>
<th>Name</th>
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</tbody>
</table>

The IEP meeting was conducted via alternate means of technology: [ ] N/A

This IEP meeting was recorded:

[ ] Yes

[ ] No

### EVALUATIONS

Check any evaluations or follow-ups to determine special education services and/or related service needs.

- [ ] Functional Behavioral Assessment (FBA)
- [ ] Assistive Technology Assessment
- [ ] Occupation or Physical Therapy Evaluation
- [ ] List other evaluation(s)/follow-up(s) __________
**PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**

Student’s Strengths, Preferences, and Interests

Levels of performance should reflect the following and include current data sources: 1) the student’s current performance in math and reading, 2) the strengths, both academic and functional, of the student; 3) a description of the student’s social, behavioral, and/or emotional skills; 4) the student’s interests; 5) the student’s preferences; 6) If the student is 14 years or older, how the student’s level of academic and functional achievement will affect the pursuit of postsecondary goals. If preschool, include developmentally appropriate activities.
**Impact of Disability and Student Needs (Critical Skills and Behaviors or Developmentally Appropriate Activities)**

Levels of impact and needs should reflect the following and include current data sources: 1) the direct impact of the student’s disability in accessing or progressing in the general curriculum (reading and math curriculum, behavior, and functional activities (if the student has a reading deficit, the student’s Individual Reading Plan content should be included); 2) the gap for the student in academics, functionally, and/or developmentally and how this compares to his peers; 3) any needed accommodations and/or modifications; 4) If preschool, age-appropriate developmental skills the student is lacking compared to peers; and 5) transition skills—describe how the effects of the disability will impact postsecondary transition.
## Individual Reading Plan Checklist

Following the identification of a reading deficiency, intensive reading instruction and intervention must be documented for each student in an individual reading plan, which includes, at a minimum, the following:

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>(a)</td>
<td>The student’s specific, diagnosed reading skill deficiencies as determined (or identified) by diagnostic assessment data;</td>
</tr>
<tr>
<td>(b)</td>
<td>The goals and benchmarks for growth;</td>
</tr>
<tr>
<td>(c)</td>
<td>How progress will be monitored and evaluated;</td>
</tr>
<tr>
<td>(d)</td>
<td>The type of additional instructional services and interventions the student will receive;</td>
</tr>
<tr>
<td>(e)</td>
<td>The research-based reading instructional programming the teacher will use to provide reading instruction, addressing the areas of phonemic awareness, phonics, fluency, vocabulary and comprehension;</td>
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<tr>
<td>(f)</td>
<td>The strategies the student’s parent is encouraged to use in assisting the student to achieve reading competency; and,</td>
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<tr>
<td>(g)</td>
<td>Any additional services the teacher deems available and appropriate to accelerate the student’s reading skill development</td>
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</table>
Individual Reading Plan (IRP)

• Note: The Individual Reading Plan correlates with the Multi-Tiered System of Supports (MTSS) student documentation required for Tier III (Intensive Intervention). These pages may be used when meeting with the Teacher Support Team for each K-3 student who did not respond to Tier II Interventions; 4th grade students requiring Intensive Intervention after Good Cause Exemption promotion; or for intensive reading interventions for Special Education students (K-4) and English Language Learners (ELLs).
FAQ: Individual Reading Plans

Is the IRP now a requirement in addition to the IEP?

• Yes. In accordance with Section 37-177-1, the IRP is required for students (K-3) who, at any time, exhibit a substantial deficiency in reading, as well as students who were promoted to 4th grade with a good cause exemption. The IRP is not a part of the Individualized Education Program (IEP).
Who is responsible for implementing the IRP for students with disabilities?

- The teacher providing reading instruction to the student is responsible for implementing the IRP. A student with a disability may receive reading instruction from the general education teacher and the special education teacher, including Inclusion and/or Resource. In this case, the student’s general education teacher and special education teacher should work together to implement the IRP.
If a student has a 504 Plan and receives intensive therapy in the dyslexia program, does he/she still need the IRP?

• Yes. **All** public school students (K-3) who, at any time, exhibit a substantial deficiency in reading, as well as students who were promoted to 4th grade with a Good Cause Exemption are required to have an IRP.
Is an IRP required for K-3 students receiving special education services who are classified as having a Significant Cognitive Disability (SCD) and who take the alternate assessment?

• No. Students classified as having a Significant Cognitive Disability qualify for Good Cause Exemption (GCE) B for “students with disabilities whose Individualized Education Program (IEP) indicates that participation in the statewide accountability assessment program is not appropriate, as authorized under state law”. Therefore, a student who meets the criteria for GCE “B” would not be required to have an IRP.
FAQ: Individual Reading Plans

What is the role of the Speech-Language Pathologist and/or the special education teacher on the IRP team, when the student also has an Individualized Education Program (IEP)?

• It is recommended that the development of an IRP be a team approach. In addition, it is recommended that the Speech-Language Pathologist and/or the special education teacher be an integral part of the team that writes the IRP for a student with an Individualized Education Program.
Individual Reading Plans

• For more information on completing the IRP, go to https://mdek12.org/Literacy
Age 3-5: Annual Goal Baseline Data

INDIVIDUALIZED EDUCATION PROGRAM (IEP)  Ages 3-5

School Year: ____________________ Public Agency/School District: ________________________________

Student’s Name: ____________________ MSIS: ________________________________

### ANNUAL GOAL BASLINE DATA

Baseline data to determine the annual goal must include: (a) a data source, (b) a clear description of the observable “target” skill or behavior, (c) the condition under which the “target” skill or behavior can be observed, and (d) the current rate of performance based on baseline data.

### AREA OF ANNUAL GOAL

Social Emotional Skills and Relationships:
- [ ] Social
- [ ] Emotional
- [ ] Behavioral
- [ ] Other:

Knowledge and Skills:
- [ ] Communication
- [ ] Pre-Academic
- [ ] Cognitive
- [ ] Other:

Appropriate Behavior to Meet Needs:
- [ ] Gross/Fine Motor Skills
- [ ] Adaptive/Daily Living Skills
- [ ] Other:
Age 6-20: Annual Goal Baseline Data

INDIVIDUALIZED EDUCATION PROGRAM (IEP)  Ages 6-20

School Year:________________ Public Agency/School District:______________________________

Student’s Name:_________________________ MSIS:________________

ANNUAL GOAL BASELINE DATA

Baseline data to determine the annual goal must include: (a) a data source, (b) a clear description of the observable “target” skill or behavior, (c) the condition under which the “target” skill or behavior can be observed, and (d) the current rate of performance based on baseline data.

AREA OF ANNUAL GOAL

Academic:
- [] Reading
- [] Math

Functional:
- [] Communication
- [] Social
- [] Emotional
- [] Behavioral
- [] Gross/Fine Motor Skills
- [] Adaptive Daily Living Skills
- [] Career and Technical Educational Employment
- [] Other:

Other:
- [] Other
Annual Goal Baseline Data

• The only information that should be here is the baseline for the corresponding annual goal on the same page.

• The baseline statement has four components:
  • Behavior – what the student can do currently
  • Condition – under what circumstances (i.e. small group, independently, when given grade-level material, etc.)
  • Criteria – how well the student can perform the task currently
  • Data source
According to classroom assessment data, when presented with a grade-level reading passage, Kirby is able to answer ten questions about the passage with 40% accuracy.
## Special Considerations

**SPECIAL CONSIDERATIONS**

### Communication (Required)
Does the student have special communication needs?  [Yes] [No]

### Assistive Technology (Required)
Does the student need assistive technology services or devices to maintain or improve functional capabilities?  [Yes] [No]
Does the student need assistive technology assessment?  [Yes] [No]

### Service for Students who are Blind or Visually Impaired
In the case of a student who is blind or visually impaired, provide for instruction in and the use of Braille unless the IEP Committee determines, after an evaluation of the student’s reading and writing media, Braille instruction is not appropriate.
Instruction in Braille considered?  [Yes] [No]  Evaluation Date:
Instruction in Braille appropriate?  [Yes] [No]
Were the parents provided information regarding the Mississippi School for the Blind?  [Yes] [No]

### Service for Students who are Deaf or Hearing Impaired
In the case of the student who is deaf or hearing impaired, consider language and communication needs, opportunities for direct communication needs, academic level, and full range of needs, including direct instruction in the student’s language and communication mode.
Student’s language and communication mode:
Is direct instruction in the student’s language and communication mode needed?  [Yes] [No]
Were the parents provided information regarding the Mississippi School for the Deaf?  [Yes] [No]
### Behavior Intervention

*In the case of a student whose behavior impedes the student’s learning or the learning of other students, consideration *must* be given to the use of positive behavior interventions, supports, and other strategies to address that behavior.*

1. Has the IEP Committee developed goals and interventions to address specific behavior concerns?  
   - Yes  
   - No
2. Has a Functional Behavioral Assessment (FBA) been conducted?  
   - Yes  
   - No  
   - Date Completed: __________
3. Has a Behavior Intervention Plan (BIP) based on a Functional Behavioral Assessment been developed?**
   - Yes  
   - No  
   - Date developed: __________  
   - Implementation Date: __________  
   - Review / Revised Dates: __________

**If a student has a BIP, he or she *must* have a corresponding annual goal(s) to address behavioral concerns.

### Services for Students with Limited English Proficiency

*In the case of a student with limited English proficiency, consideration is given to the language needs of the student as such needs relate to the student’s IEP.*

What is the student’s native language? ______________________

Is the student receiving English Learner Services?  
- Yes  
- No  
- If not, why? ______________________

If yes, date of the most recent Language Service Plan (updated annually): ______________________

**The contents of the student’s Language Service Plan should be considered when writing the PLAAFP.

* Indicate all relevant Special Considerations in the PLAAFP.
## APPENDIX B  Language Service Plan (for Students with Limited English Proficiency)

This form should be completed by the individual responsible for providing the instructional program for the EL students and the classroom teacher. This form should be updated annually. **Person completing this form**

<table>
<thead>
<tr>
<th>STUDENT NAME</th>
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<table>
<thead>
<tr>
<th>PRIMARY LANGUAGE SPOKEN</th>
<th>LANGUAGE(S) SPOKEN AT HOME</th>
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<table>
<thead>
<tr>
<th>ADDITIONAL LANGUAGE(S)</th>
<th>DATE FIRST ENROLLED IN A U.S. SCHOOL</th>
<th>IMMIGRANT STATUS (&lt; 3 yrs)</th>
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<table>
<thead>
<tr>
<th>PARENT/GUARDIAN NAME</th>
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<table>
<thead>
<tr>
<th>PHONE</th>
<th>(home)</th>
<th>(work)</th>
<th>(cell)</th>
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**HOME/SCHOOL COMMUNICATION** to parent/guardian is requested in:

- [ ] English  **OR**  [ ] Native Language: [ ]
- [ ] Oral  **OR**  [ ] Written

### ACADEMIC HISTORY PRIOR TO ENTERING CURRENT DISTRICT

<table>
<thead>
<tr>
<th>Age Started School</th>
<th>Years in Preschool/K</th>
<th>Years in grades 1-5</th>
<th>Years in grades 6-12</th>
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<tr>
<th>Last grade completed</th>
<th>[ ] Interrupted Formal Education</th>
<th>[ ] Limited Schooling</th>
<th>[ ] No Formal schooling</th>
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<tr>
<th>Has the student been referred for Special Education?</th>
<th>Does the child have an IEP?</th>
<th>Does the child have a 504 Plan?</th>
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<tbody>
<tr>
<td>[ ] Yes</td>
<td>[ ] Yes</td>
<td>[ ] Yes</td>
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<tr>
<td>[ ] No</td>
<td>[ ] No</td>
<td>[ ] No</td>
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### Special Education and Related Services

#### Special Education

<table>
<thead>
<tr>
<th>Service</th>
<th>Area</th>
<th>Location</th>
<th>Start Date</th>
<th>End Date</th>
<th>Duration/Frequency</th>
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#### Related Services

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<tr>
<th>Service</th>
<th>Area</th>
<th>Location</th>
<th>Start Date</th>
<th>End Date</th>
<th>Duration/Frequency</th>
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Duration and frequency of modifications, accommodations and supports for personnel have been removed.
### STATE- OR DISTRICTWIDE ASSESSMENT FOR STUDENTS WITH A SIGNIFICANT COGNITIVE DISABILITY

*Indicate any assessment the student will complete during the current year, specifying the edition, if applicable. NOTE: The IEP Committee may not remove the requirements for English Learners to be assessed in all four (4) domains of the ELPT. If the student is unable to participate in fewer than four (4) domains, the ELPT score will be based on the remaining domains in which it is possible to assess the student.*

**Grade Level (Age for non-graded students)**

For non-graded students (coded 56, 58, 72, 74, or 76), peer grades are based on the student's age as of Sept. 1 of the applicable school year.

<table>
<thead>
<tr>
<th>Grade Level</th>
<th>PK</th>
<th>K-2</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
<th>6th</th>
<th>7th</th>
<th>8th</th>
<th>9th</th>
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<th>11th</th>
<th>12th</th>
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</table>

- MKAS2/Kindergarten Readiness Assessment
- Third Grade MAAP ELA Assessment
- MAAP-A (ELA)
- MAAP-A (Mathematics)
- MAAP-A (Science)
- MAAP-A EOC (English II)
- MAAP-A EOC (Algebra I)
- MAAP-A EOC (Biology)
- English Language Proficiency Test (ELPT)
- ACT (American College Test)
- Other:
  - Other:
<table>
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<tr>
<th>Participation in Statewide Assessment Program</th>
<th>Grade Level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State- or Districtwide Assessments for Students Without a Significant Cognitive Disability</strong></td>
<td>PK</td>
</tr>
<tr>
<td><strong>Indicate any assessments the student will complete during the current year, specifying the edition, if applicable.</strong></td>
<td><strong>Note:</strong> The IEP Committee may not remove the requirement for English Learners to be assessed in all four domains because he/she is unable to participate in fewer than four. The student’s ELP score must be based on the remaining domains in which it is possible to assess the student. *</td>
</tr>
<tr>
<td>MKAS²/ Kindergarten Readiness Assessment</td>
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<tr>
<td>Third Grade MAAP ELA Assessment</td>
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<tr>
<td>MAAP (English Language Arts/Literacy)</td>
<td></td>
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<tr>
<td>MAAP (Mathematics)</td>
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</tr>
<tr>
<td>MAAP (Science)</td>
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<tr>
<td>MAAP-EOC (Algebra I)</td>
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<td>MAAP-EOC (Biology I)</td>
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<tr>
<td>MAAP-EOC (English II)</td>
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<tr>
<td>MAAP-EOC (U.S. History)</td>
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<tr>
<td>MS-CPAS2</td>
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<tr>
<td>ACT (American College Test)</td>
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<tr>
<td>English Language Proficiency Test (ELPT)*</td>
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<td>Other:</td>
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</table>
English Learner Example

Provided in 34 C.F.R. §200.6(h)(4)(ii):

• A non-verbal English Learner (EL) who, because of an identified disability, cannot take the speaking portion of the ELP assessment.

• The EL is not precluded from the domain because he or she has a disability; rather, there is not an appropriate accommodation to enable the student to access the test.

• The IEP Team nor the 504 Team can exempt an English learner (EL) from taking the test.

• For more information, contact Sharon Prestridge in the Office of Student Assessment (601-359-1970).
## Transition: Exit Options

### Exit Options

Exit options must be reviewed with the parent and the student, as appropriate, before completing this section. Check the exit option determined appropriate for the student.

<table>
<thead>
<tr>
<th>Traditional Diploma</th>
<th>Alternate Diploma</th>
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<tbody>
<tr>
<td>□ Career and Technical Endorsement</td>
<td>□ is and option ONLY available to students that meet the criteria for Significant Cognitive Disabilities.</td>
</tr>
<tr>
<td>□ Academic Endorsement</td>
<td>□ Certificate of Completion</td>
</tr>
<tr>
<td>□ Distinguished Academic Endorsement</td>
<td>□ Mississippi Occupational Diploma (MOD) is an option ONLY available to students that entered ninth grade prior to the 2017-18 school year.</td>
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<tr>
<td>□ High School Equivalency (GED)</td>
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### Student's Invitation to the IEP Committee Meeting

The student was invited to the IEP meeting. □ Yes □ No

### Interagency Linkages (Participating Agencies)

List any agencies/person(s) (a) currently involved with the student or family, (b) able to provide needed information to the IEP Committee, and/or (c) likely to become involved in providing support or services after the student exits high school and transitions to the community, employment, and/or postsecondary education/training. Written parental consent must be obtained before inviting any agencies/person(s) likely to be responsible for providing/paying for transition services.

□ Education/Training: □ Employment: □ Independent Living:
### Course Of Study

**Select the course of study that supports the Student’s postsecondary goal(s):**

- Agriculture, Food and Natural Resources
- Architecture and Construction
- Arts, Media, and Communications
- Business Management and Administration
- Education and Training
- Finance
- Government and Public Administration
- Health Science
- Hospitality and Tourism
- Human Services
- Information Technology
- Law, Public Safety, and Security
- Manufacturing
- Marketing
- Science, Technology, Engineering and Mathematics
- Transportation, Distribution, and Logistics

**Additional options (SCD only):**

- Supported Employment
- Daily Living Activities
- Customized Employment

---

List the general and special education class(es) in the student’s course of study for the previous, current, and projected year selected on the basis of the student’s strengths, interests, preferences and desired postsecondary goals.

<table>
<thead>
<tr>
<th>Previous Year’s Class(es)</th>
<th>Current Year’s Class(es)</th>
<th>Projected Year’s Class(es)</th>
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</thead>
<tbody>
<tr>
<td>[X]</td>
<td>[X]</td>
<td>[X]</td>
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</table>
The circumstances must be explained if the “No” box is checked on any question. The last box must be checked as an assurance by the IEP Committee that the entire continuum of placement options was considered.

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<tr>
<th>Placement Option(s) Considered</th>
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Consideration: The IEP team considered all placement options and related services in conjunction with discussing any needed supplementary aids and services, accommodations/modifications, assistive technology and/or accessible materials, and supports for school personnel as well as potential harmful effects on the student. (300.116(d)) The IEP team also considered the potential harmful effects of the placement of the child and whether it would impede the ability of the child or other children to learn.
## Documenting the Placement Decision

**Placement Decision**

*Check the selected Placement Decision in the section below.*

### Preschool Age LRE Environment (Least restrictive to most restrictive)

(Check one for students ages 3-5)
- [ ] Early childhood setting
- [ ] Early childhood special education
- [ ] Part-time early childhood/Part-time early childhood special education
- [ ] Home
- [ ] Itinerant services outside the home
- [ ] Residential facility
- [ ] Separate school

### School Age LRE Environment (Least restrictive to most restrictive)

(Check one for students ages 6-20)
- [ ] Inside general education with no supplementary aids and services
- [ ] Inside general education with supplementary aids and services—includes itinerant instruction and resource room instructional support
- [ ] Special classes—full- or part-time self-contained
- [ ] Separate school—residential or day treatment
- [ ] Home instruction
- [ ] Correctional facilities
- [ ] Parentally placed in private schools
# Least Restrictive Environment

## Special Transportation

Is special transportation needed in the selected LRE? [ ] Yes [ ] No

## MSIS Classification for LRE

Time Student Receives Special Education Outside of the General Education Classroom

### Preschool LRE Classification

- [ ] PC/Home
- [ ] PE/Residential Facility
- [ ] PF/Separate School
- [ ] PG/Separate Class
- [ ] PH/Service Provider Location

(Choose one below for students ages 3-5)

- PI/Regular program ten (10) or more hours per week and served in the regular program
- PJ/Regular program ten (10) or more hours per week and served in another location
- PK/Regular program less than ten (10) hours per week and served in the regular program
- PL/Regular program less than ten (10) hours per week and served in another location

### School-age LRE Classification

(Choose one below for students ages 6-21)

- [ ] SA/Inside general education class 80% or more of the day
- [ ] SB/Inside general education class 40% to 79% of the day
- [ ] SC/Inside general education class less than 40% of the day
- [ ] SD/Separate School
- [ ] SF/Residential Facility
- [ ] SH/Home-Hospital
- [ ] SI/Correctional Facilities
- [ ] SJ/Parentally Placed in Private Schools
SIGNATURE PAGE FOR IEP

INITIAL OR ANNUAL SIGNATURES

WRITTEN PARENTAL PERMISSION FOR INITIAL PLACEMENT

My rights and those of my child, as outlined in the Procedural Safeguards Notice, have been fully explained to me. I understand that my child has a disability, and I know my child’s eligibility category. I hereby give consent for my child to receive special education services as recorded on this Individualized Education Program (IEP).

Parent/Guardian Signature: ________________________________ Date: ________________

PROCEDURAL SAFEGUARDS NOTICE

I have received a copy of the Procedural Safeguards Notice, and my rights and those of my child have been fully explained. The public agency has informed me of whom I may contact if I need additional information.

Parent/Guardian Signature: ________________________________ Date: ________________
**ACKNOWLEDGEMENT OF STATE TESTING**

<table>
<thead>
<tr>
<th>ACKNOWLEDGEMENT OF REQUIREMENTS FOR PARTICIPATION IN THIRD GRADE MAAP ELA ASSESSMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>I understand that if my child does not meet the minimum cut score on the Mississippi Academic Assessment Program (English Language Arts) he or she will be required to participate in the Alternative Third Grade MAAP ELA Assessment.</td>
</tr>
<tr>
<td>Parent/Guardian Signature: ___________________________ Date: ______________________</td>
</tr>
</tbody>
</table>

| ACKNOWLEDGEMENT OF REQUIREMENTS FOR PARTICIPATION IN HIGH SCHOOL SUBJECT AREA TESTS |
|---------------------------------------------------------------- descended: |
| I have had the Mississippi Statewide Assessment System fully explained to me. I understand that all students will be assessed in some way, but only students who meet the graduation requirements under State Board Policy Chapter 36, Rule 36.4 and 36.5 will be eligible to receive a traditional high school diploma. |
| Parent/Guardian Signature: ___________________________ Date: ______________________ |
Wrap Up

• The revised IEP form is currently available on the MDE website and has been provided to vendors who have requested access.

• IEP Institutes will be held in March and April, 2020 around the State to train staff on the new form.

• The new form will not be required for use until August, 2021.
Resources

• **IEP Form** (revised 02-01-20)

• Webinar will be posted to the MDE website as soon as it is available.
burning questions
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