

Student Name: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

**SCHOOL SYSTEM**  
**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

IEP Meeting Date:		Purpose of IEP Meeting: Initial <input type="checkbox"/>		Annual Review <input type="checkbox"/>		Amendment <input type="checkbox"/>	
Student Name:			Date of Birth:		GTID#		
Eligibility Category(s):				Most Recent Eligibility Date(s):			
School:				Grade:		School Year:	
Parent(s):							
Address:						Email:	
Phone (home):			(work):		(cell phone):		

**TEAM MEMBERS IN ATTENDANCE**

REQUIRED MEMBERS		ADDITIONAL MEMBERS	
Parent:		Name/Title:	
Parent:		Name/Title:	
Local Education Agency Representative (LEA):		Name/Title:	
Special Education Teacher:		Name/Title:	
Regular Education Teacher:		Name/Title:	
Student (age 18 or if transition is being discussed):		Name/Title:	
Agency representative (responsible for transition services):		Name/Title:	

**I. PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**

<b>Results of initial or most recent evaluation and results of state and district assessments:</b>
<b>Description of academic, developmental and/or functional strengths:</b>

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<b>Description of academic, developmental and/or functional needs:</b>
<b>Parental concerns regarding their child's education:</b>
<b>Impact of the disability on involvement and progress in the general education curriculum (for preschool, how the disability affects participation in appropriate activities):</b>

**II. CONSIDERATION OF SPECIAL FACTORS**

- a) **Does the student have behavior which impedes his/her learning or the learning of others?**  Yes  No  
*If yes, consider the appropriateness of developing a Behavior Intervention Plan.*  
Behavior Intervention Plan developed?  Yes  No  
Refer to Behavior Intervention Plan for additional information.

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- b) **Does the student have Limited English proficiency?**  Yes  No  
If yes, consider the language needs as related to the IEP and describe below.

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- c) **Does the student have blindness/visual impairment?**  Yes  No  
If yes, provide for instruction in Braille and the use of Braille, unless the IEP Team determines that instruction in Braille is not appropriate for the student after an evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media, including evaluation of future needs for instruction in Braille or the use of Braille. Describe below.

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- d) **Does the student have communication needs?**  Yes  No  
If yes, consider the communication needs and describe below.

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- e) **Is the student deaf or hard of hearing?**  Yes  No  
If yes, consider and describe the student's language and communication needs, opportunities for direct communication with peers and professional personnel in the student's language and communication mode, academic level and full range of needs, including opportunities for direct instruction in the student's language and communication mode. Describe communication needs below.

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- f) **Does the student need assistive technology devices or services?**  Yes  No  
If yes, describe the type of assistive technology and how it is used. If no, describe how the student's needs are being met in deficit areas.

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- g) **Does the student require alternative format for instructional materials?**  Yes  No  
If yes, specify format(s) of materials required below.

- Braille  Large type  Auditory  Electronic text

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### III. TRANSITION SERVICE PLAN

A transition service plan must be completed no later than entry into 9<sup>th</sup> grade or by age 16, whichever comes first, or younger, if determined appropriate by the IEP team and updated annually.

- Has the team determined that the student needs a transition service plan?**  Yes  No

If yes, complete the Transition Service Plan below.

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**Transition Service Plan**

<b>Name:</b>	<b>Date of Initial Transition Program Development:</b>	<b>Projected date of Graduation:</b>
<b>Type of Diploma:</b>	<b>Updates:</b>	

**Preferences, Strengths, Interests and Course of Study based on Present Levels of Performance and Age-Appropriate Transition Assessments** (Areas for consideration include course of study, post-secondary education, vocational training, employment, continuing education, adult services, and community participation.)

**Measurable Post-Secondary/Outcome Completion Goals** (These goals are to be achieved *after* graduation. There must be a completion goal for Employment and Education/Training.)

**Employment -**

**Education/Training -**

**Independent Living** (as appropriate) -

**Annual Transition Goals** (Based on age-appropriate transition assessments, in the spaces below, include measurable Annual Transition Goals and Transition Activities/Services appropriate for the child's post-secondary preferences, strengths and needs. There must be at least one measurable Annual Transition Goal to help the child reach each of the Measurable Post-Secondary/Outcome Completion Goals.)

**Education/Training** (Goals based on academics, functional academics, life centered competencies or career/technical or agricultural training needs and job training.)

Transition IEP Goal(s)	Transition Activities/Services	Person/Agency Involved	Date of Completion/ Achieved Outcome

**Development of Employment** (Goals based on occupational awareness, employment related knowledge and skills and specific career pathway knowledge and skills.)

Transition IEP Goal(s)	Transition Activities/Services	Person/Agency Involved	Date of Completion/ Achieved Outcome

**Community Participation** (Goals based on knowledge and demonstration of skills needed to participate in the community (e.g., tax forms, voter registration, building permits, social interactions, consumer activities, accessing and using various transportation modes.)

Student Name: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

Transition IEP Goal(s)	Transition Activities/Services	Person/Agency Involved	Date of Completion/ Achieved Outcome
<b>Adult Living Skills &amp; Post School Options</b> (Goals based on skills for self-determination, interpersonal interactions, communication, health /fitness, and the knowledge needed to successfully participate in Adult Lifestyles and other Post School Activities (e.g., skills needed to manage a household, maintain a budget and other responsibilities of an adult.)			
Transition IEP Goal(s)	Transition Activities/Services	Person/Agency Involved	Date of Completion/ Achieved Outcome
<b>Related Services</b> (Goals based on Related Services that may be required now to help a child benefit from regular and special education and transition services (e.g., speech/language, occupational therapy, counseling, vocational rehabilitation training or the planning for related services that the individual may need access to as an adult.)			
Transition IEP Goal(s)	Transition Activities/Services	Person/Agency Involved	Date of Completion/ Achieved Outcome
<b>Daily Living Skills</b> (Goals based on adaptive behaviors related to personal care and well-being to decrease dependence on others.)			
Transition IEP Goal(s)	Transition Activities/Services	Person/Agency Involved	Date of Completion/ Achieved Outcome

**TRANSFER OF RIGHTS** (Required by age 17): \_\_\_\_\_ was informed on \_\_\_\_\_ of his/her rights, if any, that will transfer at age 18.  
Name Date

**RIGHTS WERE TRANSFERRED** (Required by age 18): \_\_\_\_\_ was informed on \_\_\_\_\_ of his/her rights.  
Name Date

Student Name: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

**IV. MEASURABLE ANNUAL GOALS**

<b>Measurable Annual Goals:</b> Academic and/or functional goals designed to meet the child’s needs that result from the disability to enable the child to be involved in and make progress in the general education curriculum or to meet each of the child’s other educational needs that result from the disability.	<b>Criteria for Mastery</b>	<b>Method of Evaluation</b>	<b>Progress At Reporting Period</b>			
			1 (date)	2 (date)	3 (date)	4 (date)
1.						
2.						
3.						
4.						

**REPORT OF STUDENT PROGRESS**

When will the parents be informed of the child’s progress toward meeting the annual goals?

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Student Name: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

**V. MEASURABLE ANNUAL GOALS & SHORT TERM OBJECTIVES/BENCHMARKS**

Academic and/or functional goals designed to meet the child's needs that result from the disability to enable the child to be involved in and make progress in the general education curriculum or to meet each of the child's other educational needs that result from the disability.

**MEASURABLE ANNUAL GOAL:** \_\_\_\_\_

Short term objectives/benchmarks: Measurable, intermediate steps or targeted sub-skills to enable student to reach annual goals.	Criteria for Mastery	Method of Evaluation	Progress At Reporting Period			
			1 (date)	2 (date)	3 (date)	4 (date)

**REPORT OF STUDENT PROGRESS**

When will the parents be informed of the child's progress toward meeting the annual goals?

**VI. STUDENT SUPPORTS**

To advance appropriately toward attaining annual goals; to be involved and progress in the general curriculum; to be educated and participate with other children in academic, nonacademic and extracurricular activities, the following accommodations, supplemental aids and services and/or supports for school personnel will be provided:

<b>Instructional Accommodations</b>
<b>Classroom Testing Accommodations</b>
<b>Supplemental Aids and Services</b>
<b>Supports for School Personnel</b>

**VII. ASSESSMENT DETERMINATION FOR DISTRICT AND STATEWIDE ASSESSMENTS FOR GRADES K-12**

- a) The student will participate in the following regular required assessments (Each state mandated test and subtest must be considered individually and documented below).

**Specific Testing Accommodations** (Accommodations used for assessment must be consistent with accommodations used for classroom instruction/testing and specified in the IEP. Some accommodations used for instruction may not be allowed for statewide assessment. Refer to the GaDOE Student Assessment Handbook for the only allowable accommodations. Conditional accommodations are only allowable for students who meet eligibility criteria.) All subtests must be considered individually.

Test	Subtest	Setting	Timing/Scheduling	Presentation	Response	None, Standard or Conditional

- b) Complete the following steps
- c)
- d) to determine if the student will participate in the Georgia Alternate Assessment (GAA)

**Eligibility Criteria for the Georgia Alternate Assessment 2.0 (GAA)**



**Step I: Review the Eligibility Criteria for GAA**

Prior to reviewing the eligibility criteria for GAA, the Individualized Education Program (IEP) team must understand all assessment options, including the characteristics of each assessment and the potential implications of each assessment choice. The GAA 2.0 is intended for students with the most significant cognitive disabilities. Instruction for these students is based on alternate academic achievement standards, which are aligned to the Georgia Standards of Excellence at a reduced depth, breadth, and complexity. Beginning with students who enroll in ninth grade for the first time on or after the 2020-2021 school year, students who participate in the GAA 2.0 will be eligible for the state-defined alternate diploma rather than the regular high school diploma (SBOE 160-4-2-.48).

According to O.C.G.A § 20-2-281, school districts are required to follow the procedures specified in the applicable test administration materials. As a result, the IEP team must use this form to document its assessment decisions. If GAA is being considered, the IEP team must review the four criteria below and select **Yes** or **No** if applicable to the student. To be eligible to participate in GAA, the answer to all four of the questions below must be **Yes**. If the answer to any of the questions is **No**, the student is not eligible to participate in GAA and must participate in the Georgia Milestones Assessment System. Each **Yes** answer requires a justification that contains evidence that the student meets the criteria.

Student Name		Grade	
Eligibility Criteria		Source of Evidence (check if used)	Justification
<p><b>1. Does the student require intensive, individualized instruction in a variety of instructional settings?</b></p> <p>The student needs specialized academic instruction and techniques over a period of time to ensure that he or she can learn, retain information, and transfer skills to other settings.</p>	<p>○ <b>Yes</b> ○ <b>No</b></p>	<p><input type="checkbox"/> Present Levels of Academic Achievement and Functional Performance</p> <p><input type="checkbox"/> Anecdotal Notes and Observations</p> <p><input type="checkbox"/> Benchmark Data</p> <p><input type="checkbox"/> Progress Monitoring Data</p> <p><input type="checkbox"/> Learning Characteristics Inventory</p> <p><input type="checkbox"/> Other _____</p>	
<p><b>2. Does the student have a significant cognitive disability?</b></p> <p>A significant cognitive disability is determined by the IEP team and must be based on evaluation information performed by a qualified evaluation team. The significant cognitive disability must affect the student’s intellectual functioning and be documented as such in the student’s individualized education program (IEP).</p>	<p>○ <b>Yes</b> ○ <b>No</b></p>	<p><input type="checkbox"/> Results of Individual Cognitive Ability Test</p> <p><input type="checkbox"/> Results of Adaptive Behavior Skills Assessment</p> <p><input type="checkbox"/> Learning Characteristics Inventory</p> <p><input type="checkbox"/> Other _____</p>	

<p><b>3. Does the student require specialized supports to access and participate in the grade-level Georgia Standards of Excellence (GSE) that require modifications based on the student's Present Levels of Academic Achievement and Functional Performance (PLAAFP)?</b></p> <p>Access to the grade-level curriculum is mandated by the federal government. A student with a significant cognitive disability requires access to the GSEs through prerequisite skills that are linked to the grade-level curriculum.</p>	<p>○ <b>Yes</b> ○ <b>No</b></p>	<p><input type="checkbox"/> Results of Individual Cognitive Ability Test  <input type="checkbox"/> Results of Adaptive Behavior Skills Assessment Anecdotal Notes and Observations  <input type="checkbox"/> Benchmark Data  <input type="checkbox"/> Progress Monitoring Data  <input type="checkbox"/> Results of language assessments including English Learner (EL) assessments, if applicable  <input type="checkbox"/> Learning Characteristics Inventory  <input type="checkbox"/> Other _____</p>	
<p><b>4. Does the student require specialized supports to demonstrate age-appropriate adaptive behavior?</b></p> <p>A student with a significant cognitive disability needs specialized support throughout the day in areas such as expressing his or her needs, getting from place to place, eating lunch, negotiating social situations, and/or taking care of personal needs.</p>	<p>○ <b>Yes</b> ○ <b>No</b></p>	<p><input type="checkbox"/> Results of Individual Cognitive Ability Test  <input type="checkbox"/> Results of Adaptive Behavior Skills Assessment  <input type="checkbox"/> Learning Characteristics Inventory  <input type="checkbox"/> Other _____</p>	

### Eligibility Criteria for the Georgia Alternate Assessment 2.0 (GAA)

#### Step II: Assurances

<p>The IEP team has participated in training and guidance regarding student participation in state mandated assessments that includes the information below:</p>
<p>Under 34 Code of Federal Regulations (CFR) 300.320(a)(6) and [O.C.G.A § 20-2-281], if the IEP team determines that the student will take GAA, the IEP team may provide additional summary statements of why the student cannot participate in the Georgia Milestones Assessment System, with or without allowable accommodations, and why the alternate assessment is appropriate for the student, including that all of the eligibility criteria are met.</p>
<p>Additional Summary Statements (if necessary):</p>

The decision to administer GAA is based on multiple sources of measurable, objective evidence, including, but not limited to current IEP PLAAFP statements, goals and/or objectives, report cards, progress reports, work samples, teacher observations, Full and Individual Evaluations (FIE), standardized achievement test results, and classroom, district, and statewide assessment results. This decision is not based solely on the student’s previous performance on statewide assessment.

The decision to administer GAA is made by the IEP team, not administratively based on federal accountability requirements which limit the number of students taking an alternate assessment who can be counted as proficient in CCRPI performance calculations. Although GAA is intended for a small number of students, the proficiency cap does not limit the number of students receiving special education services who may take the alternate assessment.

The decision to administer GAA is based on the student’s educational needs and the instruction the student is receiving. This decision is not based solely on the student’s disability category and is not based on the student’s racial or economic background, excessive or extended absences, or amount of time or location of service delivery.

Will the student participate in the Georgia Alternate Assessment (GAA)  Yes  No

**VIII. SPECIAL EDUCATION: Instruction/Related Services in General Education Classroom/Early Childhood Setting**

Options Considered ✓		Frequency	Initiation of Services (mm/dd/yy)	Anticipated Duration (mm/dd/yy)	Provider Title	Content/Specialty Area(s)
	Consultative					
	Collaborative					
	Co-teaching					
	Supportive Services					
	Related Services					

**IX. SPECIAL EDUCATION: Instruction/Related Services Outside of the General Education Classroom**

Options Considered ✓		Frequency	Initiation of Services (mm/dd/yy)	Anticipated Duration (mm/dd/yy)	Provider Title	Content/Specialty Area(s)
	Separate Class					
	Separate School					
	Home Instruction					
	Residential					

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	Hospital/Homebound					
	Supportive Services					
	Related Services					

**X. The explanation of the extent, if any, to which the child will not participate with peers without disabilities in the regular class and/or in nonacademic and extracurricular activities:**

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**XI. EXTENDED SCHOOL YEAR**

a) Are extended school year services necessary?  Yes  No  
 If yes, complete the section b and c below.

b) Services

Services	Frequency	Initiation of Services (mm/dd/yy)	Anticipated Duration (mm/dd/yy)	Provider Title	Location

c) Goals to be extended or modified:

**MEASURABLE ESY GOALS**

<b>Measurable Annual Goals:</b> Academic and/or functional goals designed to meet the child's needs that result from the disability to enable the child to be involved in and make progress in the general education curriculum or to meet each of the child's other educational needs that result from the disability.	<b>Criteria for Mastery</b>	<b>Method of Evaluation</b>	<b>Progress At Reporting Period</b>			
			1 (date)	2 (date)	3 (date)	4 (date)

Student Name: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

1.						
2.						
3.						
4.						

**REPORT OF STUDENT PROGRESS**

When will the parents be informed of the child's progress toward meeting the annual goals?

**XII. DOCUMENTATION OF NOTICE OF IEP MEETING**

	Date	Method of Notification	By Whom
<b>1<sup>st</sup> Notification</b>		<input type="checkbox"/> Invitation <input type="checkbox"/> Phone Call <input type="checkbox"/> In Person <input type="checkbox"/> Reminder notice <input type="checkbox"/> Other:	
<b>2<sup>nd</sup> Notification</b>		<input type="checkbox"/> Invitation <input type="checkbox"/> Phone Call <input type="checkbox"/> In Person <input type="checkbox"/> Reminder notice <input type="checkbox"/> Other:	
<b>3<sup>rd</sup> Notification</b>		<input type="checkbox"/> Invitation <input type="checkbox"/> Phone Call <input type="checkbox"/> In Person <input type="checkbox"/> Reminder notice <input type="checkbox"/> Other:	

**XIII. PARENT PARTICIPATION IN THE IEP PROCESS**

The following documents were provided to parent(s):

- Parental Rights in Special Education
- Individualized Education Program (IEP)
- Eligibility Report(s)
- Evaluation
- Other: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

If parent did not attend the meeting, complete below:

On \_\_\_\_\_ the documents were:    Mailed    Given In Person    Sent via Student    Other \_\_\_\_\_