
CHAPTER 20: EPSDT HEALTH AND IDEA – RELATED SERVICES

APPENDIX D: FORMS

PAGE(S) 25

FORMS

- 1. Individualized Family Service Plan (IFSP)**
- 2. Individualized Education Program (IEP)**
- 3. Individualized Healthcare Plan (IHP)**

Individualized Family Service Plan

*Indicates information to be entered and stored electronically at the System Point of Entry

Section 1 Child Information			
*Child's name: (Last/First/MI)		*Nickname:	*Gender: Circle one M or F
*Home address:		*Mailing address:	
*City/Town:	*Zip Code:	*Parish of Residence:	
*Date of Birth:	*Current Age/Adjusted Age:	Today's date:	
Child's Medicaid Number (if applicable): _ _ _ _ _		ICD-9 Code: _ _ _	
Section 1 A. General Contact Information		Section 1 B. IFSP History & Family Support Coordinator	
*Parent/Guardian:		*Name of FSC:	
*Relationship to child:		Telephone:	
Telephone: Home: _____ Work: _____ Cell: _____ Other phone contact: _____ Best Time to Call: _____ Email: _____		IFSP History	
Other Contact: _____ Telephone _____		*Date of Initial IFSP	Projected Date of Annual IFSP
Name: _____ Home: _____ Relationship: _____ Work: _____ Cell _____		*Type of IFSP and Date	
		<input type="checkbox"/> Interim	<input type="checkbox"/> 6 month Review
		<input type="checkbox"/> Initial	<input type="checkbox"/> Transition
		<input type="checkbox"/> Annual	<input type="checkbox"/> Review/Revision
Additional contact information:		Notes:	
IFSP Documentation List: Section 1: Child-Family Demographics Section 2: Family Concerns Priorities and Resources This section taken from page 8 of Family Assessment Section 3a: Health History Form, page 2 Health Summary Updated: ____ Yes ____ No Section 3b: Present Levels of Development and BDI-2 Evaluation Report Form (page 3) Section 4: IFSP Outcomes		Section 5: Transition Outcomes Section 6: EI Services Section 7a: Assistive Technology Section 7b: Transportation Section 8: Other Services Section 9: Team Participants Section 10: Services outside Natural Environment Justification	
IFSP 6 Month Review/Revision Section IFSP page 1, IFSP section 4 (if outcome added/revised) IFSP section 5 IFSP Section 6 (updated, revised, or new if necessary) IFSP Section 9 If outcome is added, additional outcome page(s) must be completed: Indicate Concern and Rationale for Change:			
Child's Name: _____ Last/First/MI		Date of Birth: _____ Mm/dd/yyyy	Date of IFSP: _____ Mm/dd/yyyy

Section 2: Summary of Family Concerns, Priorities, and Resources to enhance the development of their child

This page is taken from page 8 of Family Assessment form and inserted in Section 2 of the IFSP

(Additional pages may be used if necessary)

Date Completed: _____

Check appropriate box: ☐ Family assessment completed with family concurrence

☐ Family declined family assessment of concerns, priorities and resources (Parent signature) _____

Priority	Domain	Resource
<input type="checkbox"/>	<input type="checkbox"/> Physical <input type="checkbox"/> Cognition <input type="checkbox"/> Communication <input type="checkbox"/> Adaptive <input type="checkbox"/> Social or Emotional <input type="checkbox"/> Other	
<input type="checkbox"/>	<input type="checkbox"/> Physical <input type="checkbox"/> Cognition <input type="checkbox"/> Communication <input type="checkbox"/> Adaptive <input type="checkbox"/> Social or Emotional <input type="checkbox"/> Other	
<input type="checkbox"/>	<input type="checkbox"/> Physical <input type="checkbox"/> Cognition <input type="checkbox"/> Communication <input type="checkbox"/> Adaptive <input type="checkbox"/> Social or Emotional <input type="checkbox"/> Other	
<input type="checkbox"/>	<input type="checkbox"/> Physical <input type="checkbox"/> Cognition <input type="checkbox"/> Communication <input type="checkbox"/> Adaptive <input type="checkbox"/> Social or Emotional <input type="checkbox"/> Other	
<input type="checkbox"/>	<input type="checkbox"/> Physical <input type="checkbox"/> Cognition <input type="checkbox"/> Communication <input type="checkbox"/> Adaptive <input type="checkbox"/> Social or Emotional <input type="checkbox"/> Other	
<input type="checkbox"/>	<input type="checkbox"/> Physical <input type="checkbox"/> Cognition <input type="checkbox"/> Communication <input type="checkbox"/> Adaptive <input type="checkbox"/> Social or Emotional <input type="checkbox"/> Other	

Child Name: _____ Date Completed: _____

Section 3a: Present Levels of Health Functioning

Health History Form, page 2

This page inserted as Section 3a of the IFSP

Hearing Status:

Last Hearing Test Date: _____ Results: _____
 Newborn Hearing Screen Results: ☐ Pass ☐ Fail ☐ Follow up: _____ date
 Hearing Aids: ☐ Yes ☐ No Ear Infections: ☐ Yes ☐ No Tubes: ☐ Yes ☐ No
 Parent Concerns: _____
 Risk factors from page 1 of Health History checked: ☐ Yes ☐ No

Hearing Screen Current within 3 months: ☐ Yes ☐ No
 If no, Hearing Screen to be scheduled: ☐ Yes ☐ No

Vision Status:

Last Vision Test Date: _____ Results: _____
 Glasses : ☐ Yes ☐ No
 Parent Concerns: _____
 Risk factors from page 1 of Health History checked: ☐ Yes ☐ No

Vision Screen Current within 3 months: ☐ Yes ☐ No
 If no, Vision Screen to be scheduled: ☐ Yes ☐ No

Birth History and Physical Development/Health Status

Complete at Initial IFSP ONLY: Was your child's birth premature? ☐ No ☐ Yes How many weeks early was your child born? _____
 Gestational age? _____ Birth weight? _____ Birth Length: _____ Hospital Stay after Birth: _____

Update remaining section annually: Current Weight: _____
 What medical diagnoses does your child have that you are aware of? _____

ICD – 9 Code: _____

Nutrition Status:

Diet: Bottle/Breast Feeding: ☐ Yes ☐ No **Formula/Oz/Day:** _____ **Special diet?** ☐ No ☐ Yes _____
 WIC? ☐ Yes ☐ No Referral Needed: ☐ Yes ☐ No

Known allergies: ☐ Yes ☐ No If yes, specify type: _____

Other Health Information to Assist in

Planning: _____

Adaptive Equipment

☐ Splints/AFOs/Braces ☐ Wheelchair
☐ Adaptive Seating
☐ Adaptive Bathing
☐ Feeding Aids
☐ Other: _____
☐ No adaptive equipment

Medical Equipment

Special Equipment child came home from hospital with:
Hospital Discharge: **Current:**
☐ Apnea monitor ☐ Apnea monitor
☐ Oxygen ☐ Oxygen
☐ Feeding tube ☐ Feeding tube
☐ Ventilator ☐ Ventilator
☐ Trach ☐ Trach
☐ Nebulizer ☐ Nebulizer
☐ Other: _____ ☐ Other: _____
☐ No medical equipment ☐ No medical equipment

Does your child receive any medications? (List type and purpose)**Medication:****Purpose:**

Section 3b: IFSP Present Levels of Development and BDI-2 Evaluation Report

Page 3 of the BDI-2 Evaluation Report & IFSP and Program Planning Report

Child's Name: _____

DOB: _____ Chronological Age: _____

☐ Initial Eligibility

☐ Annual Eligibility

☐ Revision

Give brief summary of development in each domain from BDI-2 or other assessment(s).

Domain	BDI-2 Scores	Other Assessment Results /Current Developmental Status
Adaptive	Sum of Scaled Score: _____ DQ Score: _____ SD Score: + _____ above the mean - _____ below the mean _____ at the mean	
Social-Emotional	Sum of Scaled Score: _____ DQ Score: _____ SD Score: + _____ above the mean - _____ below the mean _____ at the mean	
Communication	Sum of Scaled Score: _____ DQ Score: _____ SD Score: + _____ above the mean - _____ below the mean _____ at the mean	
Receptive	Sum of Scaled Score: _____ DQ Score: _____ SD Score: + _____ above the mean - _____ below the mean _____ at the mean	
Expressive	Sum of Scaled Score: _____ DQ Score: _____ SD Score: + _____ above the mean - _____ below the mean _____ at the mean	
Physical	Sum of Scaled Score: _____ DQ Score: _____ SD Score: + _____ above the mean - _____ below the mean _____ at the mean	
Gross Motor	Sum of Scaled Score: _____ DQ Score: _____ SD Score: + _____ above the mean - _____ below the mean _____ at the mean	
Fine Motor	Sum of Scaled Score: _____ DQ Score: _____ SD Score: + _____ above the mean - _____ below the mean _____ at the mean	
Cognition	Sum of Scaled Score: _____ DQ Score: _____ SD Score: + _____ above the mean - _____ below the mean _____ at the mean	

* Attach Original Assessment scoring booklet

* Form to be completed at initial evaluation, annual evaluation, and exit evaluation. Vision and Hearing status in Health History

Provider Signature & Credentials _____

Provider Phone Number _____

Date of Assessment _____

Child's Name: _____ <div style="text-align: center;">Last/First/MI</div>	Date of Birth: _____ <div style="text-align: center;">Mm/dd/yyyy</div>	Date of IFSP: _____ <div style="text-align: center;">Mm/dd/yyyy</div>
Type of IFSP: <input type="checkbox"/> Initial <input type="checkbox"/> Review/Revision: <input type="checkbox"/> New <input type="checkbox"/> Revise <input type="checkbox"/> Completed Outcome <input type="checkbox"/> Annual		
Section 4: Outcomes for child and family Complete a separate page for each outcome including at least one for FSC		
Outcome Number ____: Description:	What's happening now?	Our team will be satisfied that we are finished with this outcome when (criteria for measuring progress):
What skills and behaviors do we want this child and family to accomplish in the next 3-6 months? In 3 months: _____ In 6 months: _____		
This outcome will include these strategies we will use to enhance this child's pre-literacy and language skills: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Birth to three months – visual tracking, smiling and responding to social interaction <input type="checkbox"/> Three to six months – responding to tones in voices, attending to others speaking <input type="checkbox"/> Six to twelve months – babbling and imitating sounds <input type="checkbox"/> Twelve to eighteen months – look at point to pictures in books, participate in songs with hand motions <input type="checkbox"/> Eighteen to twenty four months - naming pictures in books and listening to stories <input type="checkbox"/> Twenty four to thirty six months – singing songs, nursery rhymes, filling in words to familiar stories </div> <div> <input type="checkbox"/> Other: _____ </div> </div>		
What strategies will the family/other caregivers use in their daily routines and activities to achieve the outcome?		
<input type="checkbox"/> verbal prompting/ instructing <input type="checkbox"/> modeling (with verbal prompting) <input type="checkbox"/> gesturing (with verbal prompting) <input type="checkbox"/> physically assisting/supporting/guiding (with verbal prompting) <input type="checkbox"/> Counseling for family <input type="checkbox"/> Classes/groups to attend <input type="checkbox"/> Other	<input type="checkbox"/> with adaptive equipment <input type="checkbox"/> with environmental modifications Strategies for Support Coordination Outcome <input type="checkbox"/> Monthly telephone calls with family <input type="checkbox"/> Communication with other service providers <input type="checkbox"/> Other: _____ <input type="checkbox"/> Link family with community resources and monitor progress <input type="checkbox"/> Assist family with referral and application for services (IFSP Section 8 Other Services) <input type="checkbox"/> Team Meetings (minimum quarterly)	
With whom will these strategies be practiced? <input type="checkbox"/> family members <input type="checkbox"/> relatives <input type="checkbox"/> child care staff <input type="checkbox"/> service provider(s): _____ <input type="checkbox"/> Service Coordinator (if checked complete strategies for FSC outcome) <input type="checkbox"/> other: _____	Where can these strategies be practiced? <input type="checkbox"/> special purpose facility <input type="checkbox"/> special purpose facility with inclusive childcare <input type="checkbox"/> community setting <input type="checkbox"/> other: _____ <input type="checkbox"/> home	
We will measure progress towards the achievement of this outcome by: <input type="checkbox"/> observation <input type="checkbox"/> case notes/progress reports <input type="checkbox"/> assessment/evaluation by team <input type="checkbox"/> quarterly team meetings <input type="checkbox"/> telephone calls <input type="checkbox"/> Other: _____ <input type="checkbox"/> parent observation and report	Daily living routine addressed by this outcome: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> bathing <input type="checkbox"/> eating <input type="checkbox"/> playing indoors <input type="checkbox"/> sleeping/napping </div> <div> <input type="checkbox"/> dressing <input type="checkbox"/> potty training <input type="checkbox"/> playing outdoors <input type="checkbox"/> other: _____ </div> </div>	
IFSP Review/Revision: <input type="checkbox"/> Add outcome(add page) <input type="checkbox"/> Change Outcome <input type="checkbox"/> Revise Strategies <input type="checkbox"/> No Changes in outcomes		
Services: <input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Frequency/Intensity Change <input type="checkbox"/> Change location <input type="checkbox"/> Change Provider (Supplement with Team Decision Process)		

Child's Name: _____ <div style="text-align: center;">Last/First/MI</div>	Date of Birth: _____ <div style="text-align: center;">Mm/dd/yyyy</div>	Date of IFSP: _____ <div style="text-align: center;">Mm/dd/yyyy</div>
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Section 5: Transition Planning: Early Transition and Transition at Age Three

A. Plan for Transition Must be discussed at each IFSP meeting.	Sign/Initial	Date of Discussion
Procedures we will use to prepare the child for the upcoming transition: Procedures to prepare the child/family for changes in service delivery: _____ <input type="checkbox"/> Discussed with parents future placements and other matters related to the child's transition. <input type="checkbox"/> Discussed with parents community programs available following transition from Part C.	Program options identified by the team (check all that apply): <input type="checkbox"/> Part B <input type="checkbox"/> Head Start/ Early Head Start <input type="checkbox"/> Child Care <input type="checkbox"/> Other community resources <input type="checkbox"/> OCDD/HSA/D <input type="checkbox"/> Medicaid EPSDT services <input type="checkbox"/> Other: _____	A plan for transition at Age 3 has been discussed: <input type="checkbox"/> FSC: _____ <input type="checkbox"/> Parent: _____ <div style="text-align: center;">____/____/____</div>
B. Early Transition Event and Issue <i>Check the appropriate box, if applicable</i>	Early Transition Steps	Sign/Initial
<input type="checkbox"/> Child is coming home from hospital; need to ensure no disruption of necessary services <input type="checkbox"/> Family will be experiencing a change that may affect the delivery of an IFSP service (birth or adoption of sibling, medical needs of other family members, employment or loss of employment) <input type="checkbox"/> Child will be experiencing a change that may affect the delivery of an IFSP service (i.e., hospitalization, placement in child care setting, medication changes, etc) <input type="checkbox"/> Changes in IFSP services (i.e., termination/addition of service, change in location of service) <input type="checkbox"/> Early Exit Before Age Three: Child is exiting EarlySteps, no longer eligible, parent declines participation in EarlySteps <input type="checkbox"/> Plan for disposition of Assistive Device, if applicable: If box is checked above develop steps for transition in next column <input type="checkbox"/> Schedule BDI-2 Exit; Date BDI-2 Requested: ____/____/____	<input type="checkbox"/> Early Transition Steps: <input type="checkbox"/> Referral for Medicaid EPSDT services <input type="checkbox"/> Assistance with referral to other community Resources: _____ <input type="checkbox"/> Assistance with referral for Part C Services in other states: _____ <input type="checkbox"/> SPOE to SPOE transfer in Louisiana <input type="checkbox"/> Other: _____ <input type="checkbox"/> Early Exit Steps <input type="checkbox"/> Referral for Medicaid EPSDT case management <input type="checkbox"/> Discuss OCDD/HSA/D entry requirements at age three with family <input type="checkbox"/> Other: _____ <input type="checkbox"/> Changes in Service Delivery Steps: <input type="checkbox"/> Meet service providers <input type="checkbox"/> Visit community service agencies <input type="checkbox"/> Review written materials <input type="checkbox"/> Other: _____	Early transition events and issues have been discussed: <input type="checkbox"/> FSC: _____ <input type="checkbox"/> Parent: _____ 1. ____/____/____ 2. ____/____/____
C. Transition Conference at Age Three		
<input type="checkbox"/> Transition Notification Letter Sent to LEA at 2 years 2 months: _____ <div style="margin-left: 20px;"> <input type="checkbox"/> Child specific records were sent to the LEA <input type="checkbox"/> Parent did not consent to record release : _____ (parent's initials) </div> <input type="checkbox"/> LEA was notified of child's upcoming transition conference: _____ <div style="margin-left: 20px;"> <input type="checkbox"/> Parent declined LEA attendance at transition conference: _____ (parent's initials) </div> <input type="checkbox"/> Schedule BDI-2 Exit; Date DBI-2 Exit Requested: ____/____/____	Age three transition steps and services: <input type="checkbox"/> Family attends transition workshop <input type="checkbox"/> Family and child visit LEA preschool sites <input type="checkbox"/> Family and child visit /get information on Head Start centers <input type="checkbox"/> Family visits other community agencies: preschool, child care, etc. <input type="checkbox"/> Family contacts OCDD/HSA/D for entry <input type="checkbox"/> LEA to schedule eligibility evaluation <input type="checkbox"/> FSC to attend initial IEP meeting: ____/____/____ <input type="checkbox"/> Part C Services End: ____/____/____ Discuss Program Options for remainder of school year <input type="checkbox"/> Talk to other families <input type="checkbox"/> Other: _____	Date of Transition Conference: ____/____/____
This child requires a referral for OCDD eligibility determination <input type="checkbox"/> yes <input type="checkbox"/> no If yes, date referral packet sent: ____/____/____		

Child's Name: _____ <div style="text-align: center;">Last/First/MI</div>	Date of Birth: _____ <div style="text-align: center;">Mm/dd/yyyy</div>	Date of IFSP: _____ <div style="text-align: center;">Mm/dd/yyyy</div>
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Section 6: Early Intervention Services *This entire page is part of the electronic record. Attach Section 7A/B if Assistive Technology and/or Transportation are necessary to achieve the IFSP outcomes. Use codes as listed here for completion.

Modification	Column A Early Intervention Service	B Outcome Number	C Location	D Frequency	E Intensity	F Start Date	G End Date	H Method	I Funding Source	J Provider's Name/Payee Type (including name of agency)
	Family Service Coordinator									<input type="checkbox"/> Independent <input type="checkbox"/> Agency <input type="checkbox"/> No Provider Available Name: _____
	Service: _____ <input type="checkbox"/> Individual <input type="checkbox"/> Group									<input type="checkbox"/> Independent <input type="checkbox"/> Agency <input type="checkbox"/> No Provider Available Name: _____ Assistant Name(if applicable): _____
	Service: _____ <input type="checkbox"/> Individual <input type="checkbox"/> Group									<input type="checkbox"/> Independent <input type="checkbox"/> Agency <input type="checkbox"/> No Provider Available Name: _____ Assistant Name(if applicable): _____
	Service: _____ <input type="checkbox"/> Individual <input type="checkbox"/> Group									<input type="checkbox"/> Independent <input type="checkbox"/> Agency <input type="checkbox"/> No Provider Available Name: _____ Assistant Name(if applicable): _____
	Service: _____ <input type="checkbox"/> Individual <input type="checkbox"/> Group									<input type="checkbox"/> Independent <input type="checkbox"/> Agency <input type="checkbox"/> No Provider Available Name: _____ Assistant Name(if applicable): _____

Services: ☐Add(+) ☐Frequency/Intensity Change ☐Change location ☐Change Provider (Supplement with Team Decision Process) ☐No Change (NC) ☐Drop (-) Service: _____ Date: _____

Section K: Primary Setting: What is the setting where the majority of services will be provided? Choose one from list below.

☐ Home ☐ Community Setting ☐ Special Purpose Center ☐ Hospital ☐ Residential Facility ☐ Service Provider Setting ☐ Other Setting

**LEGEND		
Column C - Location	Column H - Method	Column I - Funding
1= Home/community setting	1 =Early intervention service	A = Part C/State Funding
5=Special purpose center w/inclusive childcare	2= Family education/training	B = Medicaid
6=Special purpose center or clinic	3=Assessment	C = MFP

Parent Consent for Services: The contents of this IFSP have been fully explained to me. I give informed, written consent to implement the services described in Section 7 of the IFSP. I have received a written copy of our Parent's Rights in EarlySteps. **I understand that EarlySteps must wait at least 3 calendar days before taking any action.** I understand that I can revoke the consent for any service at any time.

Parent Signature _____
Date

Initial IFSP Date: _____ Type of IFSP: ☐ Initial

☐ Review/Revision _____ ☐ Annual _____

Child's Name: _____ <div style="text-align: right; margin-top: -15px;">Last/First/MI</div>	Date of Birth: _____ <div style="text-align: right; margin-top: -15px;">Mm/dd/yyyy</div>	Date of IFSP: _____ <div style="text-align: right; margin-top: -15px;">Mm/dd/yyyy</div>
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Section 7A. Complete this page as needed

Assistive Technology Device

Child's Medicaid Number: _____

IFSP Outcome Number	*Name of Device	*Vendor Providing Device	Where is device used?	When is device used? *Indicate activities	*Start date for device use	*End date for device use	*HCPCS Code	*Price/Cost
	<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Is this covered by Medicaid? Yes No Did Medicaid provide? Yes No If no - attach copy of Medicaid denial letter. </div>		<input type="checkbox"/> Home <input type="checkbox"/> Child care <input type="checkbox"/> Relative's home <input type="checkbox"/> Community setting: _____ <input type="checkbox"/> Other: _____					
	<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Is this covered by Medicaid? Yes No Did Medicaid provide? Yes No If no - attach copy of Medicaid denial letter. </div>		<input type="checkbox"/> Home <input type="checkbox"/> Child care <input type="checkbox"/> Relative's home <input type="checkbox"/> Community setting: _____ <input type="checkbox"/> Other: _____					

Approval required for any item costing over \$500.00 or if total of all items is more than \$500.00

Total cost for all AT Devices listed: \$ _____

I understand that any equipment provided by EarlySteps over \$500.00 is the property of the state of Louisiana and I may be required to return this equipment upon my child's exit from EarlySteps.

Parent Signature: _____

Section 7B: Transportation Necessary to access Early Intervention Services

IFSP Outcome Number	*Start Date	*End Date	*Provider (Parent Name)	*Frequency	*Maximum miles per trip expressed as round trip

Child's Name: _____ Last/First/MI	Date of Birth: _____ Mm/dd/yyyy	Date of IFSP: _____ Mm/dd/yyyy
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Section 8: Other Services Needed to Enhance Child's Development

Service	Family or Child Service (circle)	Responsible Person Contact Information	Funding Source or Steps to secure service
<i>Primary Medical Home or Physician</i>	Child		
	Child Family		
	Child Family		
	Child Family		
	Child Family		

Section 9: IFSP Team

Printed Name	Position/Role	Agency (if applicable)	Telephone Number	Signature or Method of Participation
	Parent			Signature:
	IC (only at initial IFSP)			Signature:
	EIC (required for informed clinical opinion)			Signature:
	FSC			Signature:
	CDA Provider			<input type="checkbox"/> Telephone <input type="checkbox"/> Report Signature:
	Provider			<input type="checkbox"/> Telephone <input type="checkbox"/> Report Signature:
				<input type="checkbox"/> Telephone <input type="checkbox"/> Report Signature:
				<input type="checkbox"/> Telephone <input type="checkbox"/> Report Signature:
				<input type="checkbox"/> Telephone <input type="checkbox"/> Report Signature:

Child's Name: _____ Last/First/MI	Date of Birth: _____ Mm/dd/yyyy	Date of IFSP: _____ Mm/dd/yyyy
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Section 10: Justification for Early Intervention Services Delivered Outside of the Natural Environment

Complete and attach to the IFSP only as required.

Early Intervention Service Not Provided in Natural Environment	<p>Child specific reason why early intervention can not be satisfactorily achieved in a natural environment:</p> <p>Data to support this team decision:</p>	<p>How will services be incorporated into the Natural Environment?</p> <p><input type="checkbox"/> Provider will send a note home after each session for the family</p> <p><input type="checkbox"/> Provider will talk with the parent every 2 weeks regarding the child's progress</p> <p><input type="checkbox"/> Provider will send home information on the strategies the child is learning, so the parent can incorporate these strategies into the child's routine at home</p> <p><input type="checkbox"/> The parent will call the provider if he/she is unclear on how to implement a new strategy</p> <p><input type="checkbox"/> Parent or caregiver will participate in sessions when possible</p> <p><input type="checkbox"/> Other: _____</p>
Early Intervention Service Not Provided in Natural Environment	<p>Child specific reason why early intervention can not be satisfactorily achieved in a natural environment:</p> <p>Data to support this team decision:</p>	<p>How will services be incorporated into the Natural Environment?</p> <p><input type="checkbox"/> Provider will send a note home after each session for the family</p> <p><input type="checkbox"/> Provider will talk with the parent 2 weeks regarding the child's progress</p> <p><input type="checkbox"/> Provider will send home information on the strategies the child is learning, so the parent can incorporate these strategies into the child's routine at home</p> <p><input type="checkbox"/> The parent will call the provider if he/she is unclear on how to implement a new strategy</p> <p><input type="checkbox"/> Parent or caregiver will participate in sessions when possible</p> <p><input type="checkbox"/> Other: _____</p>
Early Intervention Service Not Provided in Natural Environment	<p>Child specific reason why early intervention can not be satisfactorily achieved in a natural environment:</p> <p>Data to support this team decision:</p>	<p>How will services be incorporated into the Natural Environment?</p> <p><input type="checkbox"/> Provider will send a note home after each session for the family</p> <p><input type="checkbox"/> Provider will talk with the parent 2 weeks regarding the child's progress</p> <p><input type="checkbox"/> Provider will send home information on the strategies the child is learning, so the parent can incorporate these strategies into the child's routine at home</p> <p><input type="checkbox"/> The parent will call the provider if he/she is unclear on how to implement a new strategy</p> <p><input type="checkbox"/> Parent or caregiver will participate in sessions when possible</p> <p><input type="checkbox"/> Other: _____</p>

Initial IFSP Date: _____ Type of IFSP: ☐ Initial _____ ☐ Review/Revision _____ ☐ Annual _____

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) aligns to the transition plan ☐ Educational/Career Plan for LAA 1 aligns to the Transition Plan

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

Exit Document: _____

Years to Graduate/Exit: _____

Anticipated Exit Date: _____

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 limited English proficient, instruction in and use of braille, communication needs, assistive technology devices and services, and health needs.

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

--

Limited English
Proficient:

--

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: aligns with the
transition plan and has been updated annually

☐ Educational / Career Plan for LAA1 Students:
aligns with the transition plan and has been
updated annually

Educational Needs:

☐ Academic/Cognitive

☐ Behavior

☐ Communication

☐ Motor

☐ Self-Help

☐ Social

Instructional Plan # _____

EDUCATIONAL NEED AREA: _____

CONTENT AREA: _____

- ☐ ESY Instruction ☐ Act 833 Applied
☐ Targeted for Secondary Transition

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
MEASURABLE SHORT-TERM OBJECTIVES or BENCHMARKS (Number each objective or benchmark)

#	THE STUDENT WILL	Date Achieved
1		
2		
3		
1		
2		
3		
1		
2		
3		

PERSONNEL RESPONSIBLE FOR IMPLEMENTING GOAL (Check by position)

- ☐ Special Education Teacher ☐ Parent ☐ Speech/Language Pathologist ☐ Regular Education Teacher ☐ Student ☐ Adapted Physical Educator

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

INDIVIDUALIZED EDUCATION PROGRAM
LOUISIANA DEPARTMENT OF EDUCATION

Student Name: _____ DOB: _____ Grade: _____ CONFIDENTIAL DOCUMENT
System: _____ Meeting Date: _____ State ID: _____ Local ID: _____ Page ____ of ____ Revised 2015

- ☐ Other Related Service Providers (List)
- ☐ Other (List)

☐ ESY Instruction

Accommodations

CHECK THE INDIVIDUAL ACCOMMODATIONS NEEDED

			Statewide Assessments					
			Paper				Online	
	Classroom	Testing	Grades 3-8		Grades 3-12	Grades 9-12	Grades 3-8	Grades 9-12
			Math ELA	Science/ Social Studies	LAA 1	LAA 2	Math ELA	EOC
Presentation Accommodations								
Math Read Aloud								
Text to speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Human reader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Recorded voice	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>
All content areas Read Aloud - except reading comp								
Text to speech	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Human reader	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Recorded voice	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
ELA Read Aloud - all								
Text to speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	
Human reader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	
Recorded voice	<input type="checkbox"/>	<input type="checkbox"/>						
Modify Test/Assignments								
Modified tests	<input type="checkbox"/>	<input type="checkbox"/>						
Modify assignments as needed	<input type="checkbox"/>	<input type="checkbox"/>						
Shorten assignments	<input type="checkbox"/>	<input type="checkbox"/>						
Limit amount of work required or length of tests	<input type="checkbox"/>	<input type="checkbox"/>						
Modify/repeat/model directions	<input type="checkbox"/>	<input type="checkbox"/>						
Alter format of materials on page (type/highlight/spacing)	<input type="checkbox"/>	<input type="checkbox"/>						
Limited multiple choice/Reduce answer choices	<input type="checkbox"/>	<input type="checkbox"/>						
Provide Word bank/Word assistance	<input type="checkbox"/>	<input type="checkbox"/>						
Multiple choice spelling tests, shortened spelling list	<input type="checkbox"/>	<input type="checkbox"/>						
Communication Assistance								
Communication Assistance/Task Description	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
Fm system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

INDIVIDUALIZED EDUCATION PROGRAM
LOUISIANA DEPARTMENT OF EDUCATION

Student Name: _____ DOB: _____ Grade: _____ CONFIDENTIAL DOCUMENT
System: _____ Meeting Date: _____ State ID: _____ Local ID: _____ Page ____ of ____ Revised 2015

<input type="radio"/> Access For All <input type="triangle-up"/> Accessibility Feature		<input type="checkbox"/> Accommodation <input type="diamond"/> Assistive Technology		Statewide Assessments					
				Paper				Online	
				Classroom	Testing	Math ELA	Science/ Social Studies	Grades 3-12 LAA 1	Grades 9-12 LAA 2
Presentation Accommodations									
Adapted toys/games	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
Computer/Word-Processor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
Touch Screen Monitor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Reading pen	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
Communication assistance - related to hearing loss only	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Hearing Device	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Interpreter	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Visuals	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>				
Visual schedule/Picture schedule	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>							
Audio Amplification System	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>	
Other Presentation Accommodations									
Answer Masking							<input type="checkbox"/> <input type="triangle-up"/>		
General Administration- Directions Clarified by test administrator		<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>	
General Masking							<input type="checkbox"/> <input type="triangle-up"/>		
Highlight Tool/Highlighter	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>		
Headphones or Noise Buffers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Magnification/Enlargement Device	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/>		
Pop-up Glossary							<input type="radio"/>		
Redirect Student to the Test		<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>	
Braille	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
UEB	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Closed-Captioning of Multimedia Passages on the ELA/Literacy Assessments							<input type="checkbox"/> <input type="checkbox"/>		
Video of a Human Interpreter for the ELA/Literacy Assessments, including items, response options, and passages							<input type="checkbox"/> <input type="checkbox"/>		
ASL Video for the Mathematics Assessments for a Student Who is Deaf or Hard of Hearing							<input type="checkbox"/> <input type="checkbox"/>		
ASL Video of Test Directions for a Student Who is Deaf or Hard of Hearing							<input type="checkbox"/> <input type="checkbox"/>		
Descriptive Video							<input type="checkbox"/> <input type="checkbox"/>		

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

INDIVIDUALIZED EDUCATION PROGRAM
LOUISIANA DEPARTMENT OF EDUCATION

Student Name: _____ DOB: _____ Grade: _____ CONFIDENTIAL DOCUMENT
 System: _____ Meeting Date: _____ State ID: _____ Local ID: _____ Page ____ of ____ Revised 2015

		<input type="checkbox"/> Access For All <input type="checkbox"/> Accommodation <input type="checkbox"/> Accessibility Feature <input type="checkbox"/> Assistive Technology		Statewide Assessments					
				Paper				Online	
				Classroom	Testing	Math ELA	Science/ Social Studies	Grades 3-12 LAA 1	Grades 9-12 LAA 2
Presentation Accommodations									
Paper-and-Pencil Edition								<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Tactile Graphics			<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>	
Utilize graphic/pictorial mode materials (e.g. tactile graphics)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>				
Large Print	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Change background font and colors	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Color reading filters	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
Color code material	<input type="checkbox"/> <input type="checkbox"/>								
Provide study outlines/guides	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>							
Provide assistance/cues/prompts for transitions between activities	<input type="checkbox"/> <input type="checkbox"/>								
Task analysis	<input type="checkbox"/> <input type="checkbox"/>								
Use multi-sensory modes /tools to reinforce instruction	<input type="checkbox"/> <input type="checkbox"/>								
Use text/workbooks/worksheets at modified reading level	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>							
Provide daily assignment list	<input type="checkbox"/> <input type="checkbox"/>								
Provide homework lists	<input type="checkbox"/> <input type="checkbox"/>								
Preview test procedures		<input type="checkbox"/> <input type="checkbox"/>							
Simplify test wording		<input type="checkbox"/> <input type="checkbox"/>							
Utilize audio/recorded texts	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
Utilize digital formats	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
Digital Recorders	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
E-reader	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>							
Other (Classroom only - NOT for state assessments)									
Unique (Requires additional documentation and LDOE approval for use on state assessments)									

INDIVIDUALIZED EDUCATION PROGRAM
LOUISIANA DEPARTMENT OF EDUCATION

Student Name: _____ DOB: _____ Grade: _____ CONFIDENTIAL DOCUMENT
System: _____ Meeting Date: _____ State ID: _____ Local ID: _____ Page ____ of ____ Revised 2015

		Statewide Assessments							
		Paper					Online		
		Grades 3-8		Grades 3-12	Grades 9-12	Grades 3-8	Grades 9-12		
		Classroom	Testing	Math ELA	Science/ Social Studies	LAA 1	LAA 2	Math ELA	EOC
Response Accommodations									
Communication Assistance									
Communication board/system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional communication book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PECS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scribing/Utilize oral responses to assignments/tests (answers recorded)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech-to-Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice output device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice recognition software	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>				
Word Processors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptive Keyboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Switch Interface	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headmouse	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptive Joystick	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trackball Mouse	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whisper phone	<input type="checkbox"/>	<input type="checkbox"/>							
Computation Devices (Except on specific fluency items)									
Calculators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manipulatives/Abacas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiplication Chart/Hundreds Chart/Number Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Response Accommodations									
Braille Note-taker	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		
Writing Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slant Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NotePad/Blank Paper							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INDIVIDUALIZED EDUCATION PROGRAM
LOUISIANA DEPARTMENT OF EDUCATION

Student Name: _____ DOB: _____ Grade: _____ **CONFIDENTIAL DOCUMENT**
 System: _____ Meeting Date: _____ State ID: _____ Local ID: _____ Page ____ of ____ Revised 2015

<input type="radio"/> Access For All <input type="triangle-up"/> Accessibility Feature		<input type="checkbox"/> Accommodation <input type="diamond"/> Assistive Technology		Statewide Assessments					
				Paper				Online	
				Grades 3-8		Grades 3-12	Grades 9-12	Grades 3-8	Grades 9-12
				Classroom	Testing	Math ELA	Science/ Social Studies	LAA 1	LAA 2
Response Accommodations									
Eliminate Answer Choices							<input type="radio"/>		
Flag Items for Review							<input type="radio"/>		
Blank Paper/Adapted paper	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
Copy of notes (teacher notes, class notes)	<input type="checkbox"/> <input type="checkbox"/>								
Word bank, reduced answer choices on multiple choice tests	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>							
Word prediction on the ELA/Literacy Performance-based Assessment	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
Planners/Organizers/Graphic organizers	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>							
Adapted grips/utensils/pencils/drawing tools	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Eye gaze communication system	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="diamond"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="diamond"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="diamond"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="diamond"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="diamond"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="diamond"/>	
Answers Recorded	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Transferred Answers	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Provide product options for students to obtain information and demonstrate knowledge through use of: alternative projects/ interviews/ oral reports	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>							
Student writes on test		<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>			
Objective tests		<input type="checkbox"/> <input type="checkbox"/>							
Rephrase test questions	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>							
Test study guide	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>							
Shortened tasks	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>							
Extra credit options	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>							
Hands-on-projects	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>							
Dictionary/Thesaurus/Spell Checker	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
Other (Classroom only - NOT for state assessments)									
Unique (Requires additional documentation and LDOE approval for use on state assessments)									

INDIVIDUALIZED EDUCATION PROGRAM
LOUISIANA DEPARTMENT OF EDUCATION

Student Name: _____ DOB: _____ Grade: _____ CONFIDENTIAL DOCUMENT
System: _____ Meeting Date: _____ State ID: _____ Local ID: _____ Page ____ of ____ Revised 2015

<input type="radio"/> Access For All	<input type="checkbox"/> Accommodation	Statewide Assessments						
<input type="checkbox"/> Accessibility Feature	<input type="checkbox"/> Assistive Technology	Paper				Online		
		Grades 3-8		Grades 3-12	Grades 9-12	Grades 3-8	Grades 9-12	
		Classroom	Testing	Math ELA	Science/ Social Studies	LAA 1	LAA 2	Math ELA
								EOC
Timing & Scheduling								
Extended Time/Increase the amount of time allowed to complete assignments and tests	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Pace long term projects	<input type="checkbox"/> <input type="checkbox"/>							
Extra time-written work	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>						
Prior notice of tests	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>						
Modify student's schedule	<input type="checkbox"/> <input type="checkbox"/>							
Allow breaks during work periods, between tasks, during testing	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Provide assistance/cues for transition between classes, lockers, and home	<input type="checkbox"/> <input type="checkbox"/>							
Content Mastery Center	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>						
Other (Classroom only - NOT for state assessments)								
Unique (Requires additional documentation and LDOE approval for use on state assessments)								

INDIVIDUALIZED EDUCATION PROGRAM
LOUISIANA DEPARTMENT OF EDUCATION

Student Name: _____ DOB: _____ Grade: _____ CONFIDENTIAL DOCUMENT
System: _____ Meeting Date: _____ State ID: _____ Local ID: _____ Page ____ of ____ Revised 2015

<input type="radio"/> Access For All	<input type="checkbox"/> Accommodation	Statewide Assessments							
<input type="checkbox"/> Accessibility Feature	<input type="checkbox"/> Assistive Technology	Paper				Online			
		Grades 3-8		Grades 3-12	Grades 9-12	Grades 3-8	Grades 9-12		
		Classroom	Testing	Math ELA	Science/ Social Studies	LAA 1	LAA 2	Math ELA	EOC
Setting Considerations									
Individual testing		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Small group testing		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Provide individualized instruction	<input type="checkbox"/> <input type="checkbox"/>								
Provide small group instruction	<input type="checkbox"/> <input type="checkbox"/>								
Assign peer tutors/work buddies/notetakers	<input type="checkbox"/> <input type="checkbox"/>								
Provide desktop list of tasks	<input type="checkbox"/> <input type="checkbox"/>								
Alter physical room environment	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Separate or Alternate Location	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Specified Area or Seating	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other (Classroom only - NOT for state assessments)									
Unique (Requires additional documentation and LDOE approval for use on state assessments)									

Placement

Special Transportation

☐ No ☐ Yes - Describe

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 (I) will participate in LEAP Alternate Assessment, Level 1 (LAA 1). Testing in LAA 1 means my child may earn a high school diploma if my child meets the requirements for a Certificate of Achievement and meets one of the three graduation conditions outlined in Act 833. The implications of participating in LAA 1 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 will be updated during the 14-15 school year to accommodate these new options.

ALTERNATE ASSESSMENT IMPLICATIONS (cont'd)

- ☐ I understand my child (I) will be participating in the Academic Skills Assessment (ASA) or ASA LAA 2, if eligible. My child (I) is (am) leaving the high school diploma pathway and is (am) entering a non-diploma pathway. If successful, my child (I) will receive a Louisiana Equivalency Diploma (GED) with possibly an Industry-Based Certificate, or a State-Approved Skills Certificate but not a High School Diploma. The implications of participating in ASA or ASA LAA 2 have been explained to me and will be reviewed annually.

The Academic Skills Assessment was administered one time in 2011-2012 and then discontinued as a state assessment.

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 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?

LEAP Alternate Assessment Participation Criteria, Level 2 (LAA 2)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Individual Healthcare Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Individual Prescription for Instruction (get copy from advisor/school guidance counselor)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Individual Graduation Plan (current IGP has been uploaded in the attachments feature)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Parental Consent form for Connections for 8th graders (get signed copy from SBLC team)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Summary of Performance Criteria Form	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Parental Consent form for Medicaid Billing	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Educational / Career Plan for LAA 1 Students	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Behavior Intervention Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Assistive Technology Consideration Checklist	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Assessment Approval Form	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A

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 signature box if they attended an IEP team meeting where the IEP was amended.

SIGN:

OFFICIALLY DESIGNATED REPRESENTATIVE OF LOCAL EDUCATION AGENCY _____ Date _____

PRINT:

INDIVIDUALIZED HEALTHCARE PLAN

IHP

Louisiana Department of Education

Student's Name _____ Date of Birth _____ <input type="checkbox"/> Special Education				
School _____ Grade _____ <input type="checkbox"/> General Education				
BACKGROUND INFORMATION/NURSING ASSESSMENT (Complete all applicable sections.)				
Brief Medical History/Specific Health Care (Additional information is attached.)				
Psychosocial Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No (Additional information is attached.)		Family Concerns/Strengths <input type="checkbox"/> Yes <input type="checkbox"/> No (Additional information is attached.)		
GOALS AND ACTIONS Individualized Healthcare Plan (IHP). Attach nursing diagnoses, interventions and evaluation, etc.				
Attach physician's order and other standards for care.				
1) Procedures and Interventions (student specific)				
Procedure	Administered By	Equipment	Maintained By	Authorized/Trained By
(a)				
(b)				
(c)				
2) Medications: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, attach medication guideline and administration log.)		3) Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, attach description.)		
4) Special Transportation Needs: <input type="checkbox"/> No <input type="checkbox"/> Yes Additional information is attached.		5) Class/School Modifications: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, attach additional information.)		
6) Equipment and Supplies: <input type="checkbox"/> Parent <input type="checkbox"/> LEA <input type="checkbox"/> None		7) Safety Measures: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, attach description.)		
8) Student Participation in Procedures <input type="checkbox"/> No <input type="checkbox"/> (If yes, attach description.)				
CONTINGENCIES ____ Emergency Plan attached ____ Training Plan attached		POSSIBLE ALERTS		
AUTHORIZATIONS I have participated in the development of the Health Services Plan and agree with the contents. Please sign and date. Parent/Legal Guardian _____ / / Teacher(s) _____ / / School Nurse _____ / / Other _____ / / School Administrator _____ / / Other _____ / /				
Effective Beginning Date _____ Next Review Date _____				