

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Name _____ Date of Birth _____ SS# _____ - _____ - _____
(M/D/Y)

Age _____ School/Site _____ Date Developed _____
(M/D/Y)

Duration of Service(s) from _____ to _____
(M/D/Y) (M/D/Y)
 (Excluding summer months and school holidays unless otherwise indicated)

Grade _____ Semester _____ Grade _____ Semester _____

PROPOSED SCHEDULE OF SERVICES

Course/Activity	Gen. Ed.	Sp. Ed.	Course Grade, If Applicable, Determined By			Course/Activity	Gen. Ed.	Sp. Ed.	Course Grade, If Applicable, Determined By		
			Gen. Ed.	Sp. Ed.	Joint Ed.				Gen. Ed.	Sp. Ed.	Joint Ed.
Total Amount of Time (weekly): Gen. Ed. _____ Sp. Ed. _____						Total Amount of Time (weekly): Gen. Ed. _____ Sp. Ed. _____					

SCHEDULE OF SPEECH-LANGUAGE PATHOLOGY SERVICES

Semester _____ AND Semester _____
 None Needed _____ SCHEDULE OF RELATED SERVICES None Needed _____

Related Services	Location	Frequency	Amount	Related Services	Location	Frequency	Amount

I (check one) give deny permission for _____ to bill my private insurance for the above services.
(agency name)

STATEMENT OF PARENTAL PARTICIPATION AND CONCERNS

SUMMARY OF PRESENT LEVELS OF EDUCATIONAL PERFORMANCE
[Based on most recent evaluation/assessments which may include: the results of any State or district-wide assessment (not applicable to preschool), academics, behavioral, medical, functional, developmental, vocational, social]

I. Describe strengths relative to general curriculum/appropriate activities:
(5 - 21 years) (3 - 5 years)

II. Describe how the disability affects involvement and progress in general curriculum/appropriate activities:
(5 - 21 years) (3 - 5 years)

CONSIDERATION OF SPECIAL FACTORS

Is this a student who demonstrates need for any of the following:

	Yes	No
1. Strategies, including positive behavioral interventions, strategies, and supports to address behavior that impedes his/her learning or that of others? If yes, explain _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Accommodations for the student's limited English proficiency, including alternative language services and/or instruction in a language other than English? If yes, explain _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Instruction in Braille and the use of Braille in reading and writing skills and appropriate reading and writing media, in the case of the student who is blind or visually impaired? If yes, explain _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Special communication consideration? (including, but not limited to, students with hearing or visual impairments) If yes, explain _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Language and special communication consideration, direct communication with peers and professional personnel in the student's language and communication mode, consideration of academic level, direct instruction in his/her language and communication mode, for the student who is deaf or hearing impaired? If yes, explain _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Assistive technology devices and services as required for the student to benefit from special education and related services? (The IEP Team determines if AT devices will be used in the home or other settings, in order for the child to receive FAPE.) If yes, explain _____	<input type="checkbox"/>	<input type="checkbox"/>
Additionally:		
7. Can the student follow regular discipline policies? <input type="checkbox"/> Yes <input type="checkbox"/> No Attendance policies? <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, explain _____		
8. Can the student participate in standard administration of statewide and district-wide required assessments? (Not applicable to pre-school) <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List accommodations needed (if any) consistent with IEP and test administration guidelines. _____		
Will the student participate in the Arkansas Alternate Assessment Program? <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are there other factors which need consideration? <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain _____		

GOAL ● OBJECTIVES ● PROGRESS REPORT

Implementation Setting(s): _____

The goal and objectives have been linked to the general curriculum/appropriate activities in the area(s) of _____

ANNUAL GOAL: _____

Progress Reports Completed Each Grading/Progress Period, As Scheduled By The District

SHORT-TERM OBJECTIVES	MASTERY CRITERIA LEVEL	* EVALUATION PROCEDURE	**EVALUATION CODES, EVALUATION DATE, PERFORMANCE LEVEL			
			DATE	DATE	DATE	DATE
# ____						
			C D M N	C D M N	C D M N	C D M N
			LEVEL	LEVEL	LEVEL	LEVEL
			%	%	%	%
#						
			C D M N	C D M N	C D M N	C D M N
			LEVEL	LEVEL	LEVEL	LEVEL
			%	%	%	%
#						
			C D M N	C D M N	C D M N	C D M N
			LEVEL	LEVEL	LEVEL	LEVEL
			%	%	%	%
#						
			C D M N	C D M N	C D M N	C D M N
			LEVEL	LEVEL	LEVEL	LEVEL
			%	%	%	%

*** Evaluation Procedure Codes:**

- 1. Teacher-made tests
- 2. Observations
- 3. Weekly Tests
- 4. Unit Tests
- 5. Student Conferences
- 6. Work Samples
- 7. Portfolios
- 8. Oral Tests
- 9. Data Response
- 10. Other _____

**** Evaluation Codes:**

- C Continue
- D Discontinued
- M Mastered
- N Not Initiated

INSTRUCTIONAL MODIFICATIONS, SUPPLEMENTAL AIDS, AND SUPPORTS

<p>Modifications are supplementary aids and supports to the regular education program. Only those modifications that are required to ensure the student's participation in the regular education program should be considered.</p>	<p align="center">FREQUENCY CODES</p> <p>C Classwork H Homework T Test A All</p>	TEACHER'S INITIALS							
		SUBJECT AREAS							

ALTER ASSIGNMENTS BY PROVIDING: <input type="checkbox"/> <i>None Needed</i>									
Reduced assignments/appropriate activities									
Taped assignments									
Extra time for completing assignments/appropriate activities									
Opportunity to respond orally									
Emphasis on major points									
Special projects in lieu of assignments									
Other:									
Other:									

ADAPT INSTRUCTION BY PROVIDING: <input type="checkbox"/> <i>None Needed</i>									
Preferential seating									
Short instructions (1 or 2 steps)									
Opportunity to repeat and explain instructions									
Encouragement to verbalize steps needed to complete assignment/appropriate activities									
Opportunity to write instructions									
Assignment/appropriate activity notebooks									
Visual aids (pictures, flash cards, etc.)									
Auditory aids (cues, tapes, etc.)									
Study guide									
Extra time for oral/augmentative communication response									
Extra time for written response									
Study carrel for independent work									
Frequent feedback									
Immediate feedback									

INSTRUCTIONAL MODIFICATIONS, SUPPLEMENTAL AIDS, AND SUPPORTS (cont.)

Modifications are supplementary aids and supports to the regular education program. Only those modifications that are required to ensure the student's participation in the regular education program should be considered.	FREQUENCY CODES C Classwork H Homework T Test A All	TEACHER'S INITIALS									
		SUBJECT AREAS									

ADAPT INSTRUCTION BY PROVIDING (cont.):

Encouragement for classroom/appropriate activity participation										
Peer tutoring/paired working arrangement										
Opportunity for student to dictate themes, information, answers on tape or to others										
Other:										
Other:										

ADAPT MATERIALS BY PROVIDING: None Needed

Peer to read materials										
Tape recording of required readings										
Highlighted materials for emphasis										
Altered format of materials										
Study aids/manipulatives										
ESL materials										
Large print materials										
Braille materials										
Color transparencies										
Adapt materials for functional use										
Other:										
Other:										

ADAPT TESTS BY PROVIDING (Not Applicable to Preschool): None Needed

Word bank										
Elimination of essay sections										
Reduction of multi-choice options										
Open book testing										
Oral testing										

INSTRUCTIONAL MODIFICATIONS, SUPPLEMENTAL AIDS, AND SUPPORTS (cont.)

Modifications are supplementary aids and supports to the regular education program. Only those modifications that are required to ensure the student's participation in the regular education program should be considered.	FREQUENCY CODES C Classwork H Homework T Test A All	TEACHER'S INITIALS							
		SUBJECT AREAS							

ADAPT TESTS BY PROVIDING (Not Applicable to Preschool): None Needed

Tests of reduced length									
Taped tests									
Color-coding									
Alternate locations									
Other:									
Other:									

MANAGE BEHAVIOR BY PROVIDING: None Needed

Clearly defined limits, rules & consequences (positive & negative) - posted and implemented									
Model appropriate behavior									
Frequent reminders of rules (verbal and/or nonverbal prompts and cues)									
Praise appropriate behavior immediately									
Ratio of positive to negative interactions (example, 5 positives to 1 negative)									
Intervene and redirect inappropriate behavior immediately									
Frequent eye contact/proximity control/teacher circulation around room									
Balance between instructional formats									
Private planned discussion with student to identify solutions									
In-class time out to cool down and regain control									
Opportunity to learn and practice appropriate behavior									
Opportunities to receive positive recognition in class									
Supervision during transition and unstructured activities									
Restructured routine/environment									
Other:									
Other:									

INSTRUCTIONAL MODIFICATIONS, SUPPLEMENTAL AIDS, AND SUPPORTS (cont.)

Modifications are supplementary aids and supports to the regular education program. Only those modifications that are required to ensure the student's participation in the regular education program should be considered.	FREQUENCY CODES C Classwork H Homework T Test A All	TEACHER'S INITIALS							
		SUBJECT AREAS							

ACCESS TO EQUIPMENT/SUPPORTS: *None Needed*

Note taker/note taking paper									
Calculators									
Word processors									
Decoders for TV and films									
Augmentative communication device									
Other:									
Other:									

SUPPORTS FOR PRESCHOOL/SCHOOL PERSONNEL: *None Needed*

Consultant service (specify)									
Staff development (specify area)									
Specialized materials (specify)									
Professional literature (specify)									
Other:									
Other:									

CRITERIA FOR DETERMINING LEAST RESTRICTIVE ENVIRONMENT(LRE)

The following criteria shall be used by the individualized education program (IEP) Team as a basis for determining the educational placement of a student with disabilities in the least restrictive environment and to ensure that such placement is based on the student's IEP.

[x] Indicates that criteria have been reviewed.

- 1. To the maximum extent appropriate, students with disabilities, including students in public or private institutions or other care facilities, are educated with students who do not have disabilities
- 2. Special classes, separate schooling or other removal of students with disabilities from regular education environment occurs only when the nature or severity of the disability is such that education in regular classes/appropriate preschool environment with the use of supplementary aids and services cannot be achieved satisfactorily
- 3. A continuum of alternative placements is available to the extent necessary to implement the IEP for each student with a disability, including instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions
- 4. Provisions have also been made for supplementary services and supports (such as resource room or itinerant instruction) to be provided in conjunction with regular class placement/appropriate preschool environment
- 5. Educational placement is determined at least annually
- 6. Educational placement is being made based on the student's IEP
- 7. Educational placement is as close as possible to the student's home
 - (a) Unless the IEP of a student with a disability requires some other arrangement, the student is educated in the school which he or she would attend if not disabled
 - (b) Consideration is given to any potential harmful effect on the student or on the quality of services which he or she needs
- 8. Each student with a disability participates with students who do not have a disability in nonacademic and extracurricular services and activities, including meals, recess periods, etc., to the maximum extent appropriate to the needs of that student
- 9. To the maximum extent appropriate, students with disabilities placed in residential settings are also to be provided opportunities for participation with other students
- 10. For preschool students with a disability, consideration is given to the setting where the student is presently spending most of his/her day or where the student could be spending time if the student were not disabled

JUSTIFICATION FOR EDUCATIONAL PLACEMENT SELECTION

The following statements of student needs will be reviewed by the IEP Team for each identified student with a disability. This should be used as a guide to assist the committee in determining the appropriateness of the student's educational placement as it relates to the LRE. This list is not inclusive of all the unique student needs which the IEP Team may wish to consider. The committee should review each of the following statements of need and add any additional statements to the list in determining which of the statements apply to the student in question.

YES NO

- 1. Student's acquisition of academic/developmental skills as addressed on the IEP can be met through modification/adaptation of the general curriculum
- 2. Small group instruction is necessary for this student to acquire skills specified in IEP
- 3. Behavior management techniques established in student's IEP require a degree of structure which cannot be implemented in a large group setting
- 4. The student's needs as addressed in IEP goals and objectives cannot be satisfactorily achieved in the general educational/preschool environment even with the provision of supplemental aids and supports
- 5. Student's behavior significantly impairs his/her ability to learn in a large group setting, as well as impairing the learning of other students in a large group setting
- 6. Based upon individual needs, goals and objectives in student's IEP, the general curriculum/appropriate preschool activities would need to be completely restructured
- 7. Based upon individual needs and goals and objectives in the student's IEP, additional individualized instruction is required to facilitate his/her learning
- 8. Based upon individual needs and goals and objectives in the student's IEP, an intensive behavior management program is required
- 9. Greater opportunity is needed for interaction with peers who are not disabled
- 10. Participation in regular nonacademic classes/appropriate preschool activities is needed to implement goals and objectives stated in the student's IEP
- 11. A more structured environment is needed than can be provided in the current educational/developmental placement
- 12. Based upon the items reviewed above, a more flexible approach to program delivery is required. If Yes, explain.
- 13. _____ Other statements of this student's needs: _____

LEAST RESTRICTIVE ENVIRONMENT(LRE)

CONTINUUM OF ALTERNATIVE PLACEMENT OPTIONS FOR SCHOOL AGE STUDENTS

Circle the placement (service setting) which is least restrictive for this student based upon data obtained during his/her evaluation, IEP development, and review of criteria and justification for LRE.

Regular Class	Regular Class	Regular Class	Some/or no Instruction in Regular Class	Some/or no Instruction in Regular Class	No Instruction in Regular Class			
Indirect Service	Some Direct Instruction Less than 21% of time out of the classroom for Special Education	21% to 60% of the Instructional Day in Resource Services	Minimum of 60% of the Instructional Day in Special Class	School-based Day Treatment	Special Day School Facility Greater than 50% of time at the facility	Residential School	Hospital Program	Homebound Instruction
1	2	3	4	5	6	7	8	9

ALTERNATIVE PLACEMENT OPTIONS FOR PRESCHOOL STUDENTS

Check the placement (service setting) which is least restrictive for this student based upon data obtained during his/her evaluation and the IEP.

SPECIAL EDUCATION AND RELATED SERVICES DELIVERED IN :

- A EARLY CHILDHOOD SETTING (*Regular preschool designed primarily for children without disabilities*)
- B EARLY CHILDHOOD SPECIAL EDUCATION SETTING (*Classroom designed primarily for children with disabilities*)
- C HOME (*Services delivered in the principal residence*)
- D PART-TIME EARLY CHILDHOOD/PART-TIME EARLY CHILDHOOD SPECIAL EDUCATION SETTING
(*Combine definitions A and B*)
- E RESIDENTIAL
- F SEPARATE SCHOOL (*Public or private day schools for children with disabilities*)
- G ITINERANT (*Services outside the home up to 3 hours weekly*)
- H REVERSE MAINSTREAM (*Classroom designed for children with disabilities but 50% + with disabilities*)

List lesser restrictive placement option which the program developers considered and the reason(s) why that option was rejected.

OPTION: _____

REASON(S): _____

The section pertaining to Transition Services is not applicable below age 14 unless determined otherwise by the IEP Team. If not applicable, proceed to the signature page.

The section pertaining to Transition Services is not applicable below age 14 unless determined otherwise by the IEP Team. If not applicable, proceed to the signature page.

**TRANSITION SERVICE
NEEDS
(Beginning at age 14)**

Date	UPDATES NEEDED	
INITIAL DATE: _____		
DATE REVIEWED: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DATE REVIEWED: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DATE REVIEWED: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DATE REVIEWED: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DATE REVIEWED: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DATE REVIEWED: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DATE REVIEWED: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Instructions: The original transition plan should be maintained in the IEP with which it was developed. On an annual basis, the previous year's transition plan must be copied, reviewed, and updated as appropriate and placed in the student's current IEP. The date the plan is developed, reviewed, and/or revised, if necessary, must be recorded in the box above.

PROJECTED DATE OF GRADUATION: _____

DESIRED POST SCHOOL OUTCOMES (Long-Range Goals)

#1 Employment/Post-Secondary Education Outcomes	#2 Domestic	#3 Community Functioning	#4 Transportation	#5 Recreation
<p>A. Employment</p> <p>1. ___ Competitive employment without support</p> <p>2. ___ Competitive employment with time-limited support</p> <p>3. ___ Competitive employment with long-term support</p> <p>4. ___ Supported employment</p> <p>5. ___ Sheltered employment</p> <p>6. ___ Military</p> <p>7. ___ OJT</p> <p>8. ___ Other: _____</p> <p>B. Education</p> <p>1. ___ Apprenticeship program</p> <p>2. ___ Vocational college</p> <p>3. ___ Technical institute</p> <p>4. ___ Community college (2yr.)</p> <p>5. ___ 4-year college</p> <p>6. ___ GED program</p> <p>7. ___ Other: _____</p>	<p>A. Housing</p> <p>1. ___ Live alone without supports</p> <p>2. ___ Live alone with support</p> <p>3. ___ Live with family/relative</p> <p>4. ___ Live with roommate(s)</p> <p>5. ___ Group home-specialized training</p> <p>6. ___ Supervised apartment</p> <p>7. ___ Residential/nursing facility</p> <p>8. ___ Individual services coordinator</p> <p>9. ___ Lifetime support/planning</p> <p>10. ___ Other: _____</p> <p>B. Income/Resources</p> <p>1. ___ Earned wages</p> <p>2. ___ Social Security benefits</p> <p>3. ___ Unearned income</p> <p>4. ___ Trust/will</p> <p>5. ___ Food stamps</p> <p>6. ___ Other: _____</p> <p>C. Medical Services</p> <p>1. ___ Personal assistive devices</p> <p>2. ___ Group insurance (Medicaid, Champus, Blue Cross)</p> <p>3. ___ Independent in monitoring medical needs</p> <p>4. ___ Requires medical vision/scheduling</p> <p>5. ___ Special therapies and treatments</p> <p>6. ___ Other: _____</p>	<p>A. Adult Responsibilities</p> <p>1. ___ Voter registration</p> <p>2. ___ Registration for selective service</p> <p>3. ___ Social Security registration</p> <p>4. ___ Self-consumer advocacy</p> <p>5. ___ Parenting</p> <p>6. ___ Volunteerism</p> <p>7. ___ Other: _____</p> <p>B. Support Services</p> <p>1. ___ Guardianship</p> <p>2. ___ Family planning</p> <p>3. ___ Counseling services</p> <p>4. ___ Respite services</p> <p>5. ___ Day activities</p> <p>6. ___ Other: _____</p>	<p>A. Mode of Transportation</p> <p>1. ___ Self (Drivers License)</p> <p>2. ___ Public transportation</p> <p>3. ___ Specialized transportation</p> <p>4. ___ Family transports</p> <p>5. ___ Car pool</p> <p>6. ___ Other: _____</p>	<p>A. Social and Leisure</p> <p>1. ___ Independent recreation and leisure</p> <p>2. ___ Family supported recreation and leisure</p> <p>3. ___ Specialized recreation</p> <p>4. ___ Community-supported recreation program</p> <p>5. ___ Local clubs</p> <p>6. ___ Day programs</p> <p>7. ___ Other: _____</p>

PROPOSED COURSES RELATED TO DESIRED POST SCHOOL OUTCOMES

8th Grade	9th Grade	10th Grade	11th Grade	12th Grade

TRANSITION SERVICES
 (Beginning at age 16 or younger, if determined appropriate by the IEP Team)

SUMMARY OF STUDENT'S NEEDS, INTERESTS, AND PREFERENCES: _____

TRANSFER OF RIGHTS

I have been informed that the rights and procedural safeguards afforded to parents under Part B of the Individual with Disabilities Education Act, will transfer from my parents to me when I turn eighteen, except that my parents retain the right to receive any notices required under Part B.

Student's Signature: _____ Date: _____
 M/D/Y

STATEMENT OF NEEDED SERVICES

A. DEVELOPMENT OF EMPLOYMENT/POST-SECONDARY EDUCATION OUTCOMES:

PROVIDE JUSTIFICATION IF SERVICE NOT NEEDED: _____

1. ACTIVITY: Knowing and Exploring Occupational Possibilities (17) [15] *None Needed*

	INSTRUCTION	SEMESTER(S)	PERSON(S)/AGENCY RESPONSIBLE
	Identify remunerative aspects of work (70)		
	Locate sources of occupational and training information (71)		
	Identify personal values met through work (72) [56]		
	Identify societal values met through work (73)		
	Classify jobs into occupational categories (74)		
	Investigate local occupational and training opportunities (75) [57]		
	Submit referral to adult services provider to determine eligibility for post-secondary assistance		
	Other:		
	Other:		

Numbers enclosed in () correspond to competencies and subcompetencies of the Life Centered Career Education Curriculum (LCCE) Assessment and numbers enclosed in [] correspond to competencies and subcompetencies of the LCCE Modified Curriculum for Individuals with Moderate Disabilities.

EMPLOYMENT/POST-SECONDARY EDUCATION OUTCOMES (cont.):

2. ACTIVITY: Selecting and Planning Occupational/Educational Choices (18) [16] *None Needed*

	INSTRUCTION	SEMESTER(S)	PERSON(S)/AGENCY RESPONSIBLE
	Make realistic occupational choices (76)		
	Identify requirements of appropriate and available jobs (77)		
	Identify occupational aptitudes (78)		
	Identify major occupational interests (79) [58]		
	Identify major occupational needs (80) [59] [60]		
	Plan and make realistic, occupational training and job placement decisions [61]		
	Develop training plan for occupational choice [62]		
	Identify local apprenticeship programs		
	Explore enrollment in GED Program		
	Identify entrance requirements for military services		
	Identify entrance requirements for vocational college, technical institute, community college, and/or four year college		
	Complete financial aid packet for post-secondary education		
	Take the ACT Exam		
	Submit referral to adult services provider to determine eligibility for post-secondary assistance		
	Finalize plans for employment/post-secondary education		
	Other:		
	Other:		

3. ACTIVITY: Exhibiting Appropriate Work Habits and Behaviors (19) [18] *None Needed*

	INSTRUCTION	SEMESTER(S)	PERSON(S)/AGENCY RESPONSIBLE
	Follow directions and observe regulations (81) [66]		
	Recognize importance of attendance and punctuality (82) [67]		
	Recognize importance of supervision (83) [68]		
	Demonstrate knowledge of occupational safety (84) [69]		
	Work with others (85) [70]		
	Meet demands for quality and quantity work standards (86) [71]		
	Work at a satisfactory rate (87)		
	Other:		
	Other:		

EMPLOYMENT/POST-SECONDARY EDUCATION OUTCOMES (cont.):

4. ACTIVITY: Seeking, Securing and Maintaining Employment (20) [17] *None Needed*

	INSTRUCTION	SEMESTER(S)	PERSON(S)/AGENCY RESPONSIBLE
	Search for a job (88)		
	Apply for a job (89) [63]		
	Interview for a job (90) [64]		
	Know how to maintain post-school occupational adjustment (91)		
	Demonstrate knowledge of competitive standards (92)		
	Know how to adjust to change in employment (93) [65]		
	Submit referral to adult services provider to determine eligibility for post-secondary assistance		
	Other:		
	Other:		

5. ACTIVITY: Exhibiting Sufficient Physical Manual Skills (21) [19] *None Needed*

	INSTRUCTION	SEMESTER(S)	PERSON(S)/AGENCY RESPONSIBLE
	Demonstrate stamina and endurance (94) [75]		
	Demonstrate satisfactory balance and coordination (95)		
	Demonstrate manual dexterity in occupational training and employment (96)		
	Demonstrate sensory discrimination (97)		
	Demonstrate fine motor dexterity in occupational training and job placements [72]		
	Demonstrate gross motor dexterity in occupational training and job placements [73]		
	Demonstrate sensory discrimination in occupational training and job placements [74]		
	Other:		
	Other:		

B. DOMESTIC SKILLS OUTCOMES:

PROVIDE JUSTIFICATION IF SERVICE NOT NEEDED: _____

1. ACTIVITY: **Managing Personal Finances (1) [1]** None Needed

	INSTRUCTION	SEMESTER(S)	PERSON(S)/AGENCY RESPONSIBLE
	Count money and make correct change (1) [1]		
	Make responsible expenditures (2) [2] [3]		
	Keep basic financial records (3) [4]		
	Calculate and pay taxes (4)		
	Use credit responsibly (5)		
	Use banking services (6) [5]		
	Other:		
	Other:		

2. ACTIVITY: **Selecting and Managing a Living Environment (2) [2]** None Needed

	INSTRUCTION	SEMESTER(S)	PERSON(S)/AGENCY RESPONSIBLE
	Maintain living environment exterior/interior (7) [6]		
	Use basic appliances and tools (8) [8]		
	Select adequate housing/personal living space (9) [9]		
	Set up household/personal living space (10) [7]		
	Maintain home grounds (11)		
	Submit referral to adult services provider to determine eligibility for post-secondary assistance		
	Other:		
	Other:		

3. ACTIVITY: **Caring for Personal Needs (3) [3]** None Needed

	INSTRUCTION	SEMESTER(S)	PERSON(S)/AGENCY RESPONSIBLE
	Demonstrate knowledge of physical fitness, nutrition, and weight (12) [12]		
	Exhibit proper grooming and hygiene (13) [10]		
	Dress appropriately (14) [11]		
	Demonstrate knowledge of common illness, prevention and treatment (15) [13]		
	Practice personal safety and/or basic first aid (16) [14] [15]		
	Submit referral to adult services provider to determine eligibility for post-secondary assistance		
	Other:		
	Other:		

DOMESTIC SKILLS OUTCOMES (cont.):

4. ACTIVITY: Raising Children and Meeting Marriage Responsibilities (4) [4] *None Needed*

	INSTRUCTION	SEMESTER(S)	PERSON(S)/AGENCY RESPONSIBLE
	Demonstrate physical care for raising children (17)		
	Know psychological aspects of raising children (18)		
	Demonstrate marriage responsibilities (19)		
	Develop and maintain appropriate intimate relationship		
	Demonstrate knowledge of basic human sexuality [16]		
	Demonstrate knowledge of appropriate dating behavior [17]		
	Other:		
	Other:		

5. ACTIVITY: Buying, Preparing and Consuming Food (5) [5] *None Needed*

	INSTRUCTION	SEMESTER(S)	PERSON(S)/AGENCY RESPONSIBLE
	Purchase Food (20) [19]		
	Clean food preparation areas (21)		
	Demonstrate meal clean-up and food storage (22) [22]		
	Prepare food (23) [20]		
	Demonstrate appropriate eating habits (24) [23]		
	Plan/eat balanced meals (25) [18] [21]		
	Other:		
	Other:		

6. ACTIVITY: Buying and Caring for Clothing (6) [6] *None Needed*

	INSTRUCTION	SEMESTER(S)	PERSON(S)/AGENCY RESPONSIBLE
	Wash/clean clothing (26) [24]		
	Purchase clothing (27) [25]		
	Iron, mend and store clothing (28)		
	Other:		
	Other:		

C. COMMUNITY FUNCTIONING OUTCOMES:

PROVIDE JUSTIFICATION IF SERVICE NOT NEEDED: _____

1. ACTIVITY: Exhibiting Responsible Citizenship (7) None Needed

	INSTRUCTION	SEMESTER(S)	PERSON(S)/AGENCY RESPONSIBLE
	Demonstrate knowledge of civil rights and responsibilities (29) [42]		
	Know nature of local, state, and federal governments (30)		
	Demonstrate knowledge of the law and ability to follow the law (31)		
	Demonstrate knowledge of citizen rights and responsibilities (32)		
	Other:		
	Other:		

2. ACTIVITY: Achieving Self-Awareness (10) [9] [11] None Needed

	INSTRUCTION	SEMESTER(S)	PERSON(S)/AGENCY RESPONSIBLE
	Identify physical and psychological needs (42) [33]		
	Identify interests and abilities (43) [34]		
	Identify emotions and demonstrate appropriate responses (44)		
	Demonstrate knowledge of physical self (45)		
	Other:		
	Other:		

3. ACTIVITY: Acquiring Self-Confidence (11) [9] None Needed

	INSTRUCTION	SEMESTER(S)	PERSON(S)/AGENCY RESPONSIBLE
	Express feelings of self-worth and self-confidence (46) [35]		
	Describe others' perception of self (47)		
	Accept and give praise (48) [36]		
	Accept and give criticism (49)		
	Develop confidence in oneself (50)		
	Other:		
	Other:		

COMMUNITY FUNCTIONING OUTCOMES (cont.):

7. ACTIVITY: Making Adequate Decisions (15) [13] *None Needed*

	INSTRUCTION	SEMESTER(S)	PERSON(S)/AGENCY RESPONSIBLE
	Identify problems/conflicts [49]		
	Locate and utilize sources of assistance (62)		
	Anticipate consequences (63)		
	Develop and evaluate alternatives (64)		
	Recognize nature of a problem (65)		
	Develop goal-seeking behavior (66)		
	Use appropriate resources to assist in problem solving [50]		
	Select and develop best solution to problems/conflicts [51]		
	Demonstrate decision-making [52]		
	Other:		
	Other:		

8. ACTIVITY: Communicating with Others (16) [14] *None Needed*

	INSTRUCTION	SEMESTER(S)	PERSON(S)/AGENCY RESPONSIBLE
	Recognize and respond to emergency situations (67) [55]		
	Communicate with understanding (68) [53] [54]		
	Know subtleties of communication (69)		
	Other:		
	Other:		

1. POST-SECONDARY TRANSPORTATION OUTCOMES:

PROVIDE JUSTIFICATION IF SERVICE NOT NEEDED: _____

1. ACTIVITY: Getting Around in the Community (9) [8] None Needed

	INSTRUCTION	SEMESTER(S)	PERSON(S)/AGENCY RESPONSIBLE
	Demonstrate knowledge of traffic rules and safety (38) [30]		
	Demonstrate knowledge and use of various means of transportation (39)		
	Find way around the community (40) [31]		
	Access available transportation [32]		
	Study for driving test		
	Take driving exam		
	Demonstrate knowledge of car insurance		
	Drive a car (41)		
	Submit referral to adult services provider to determine eligibility for post-secondary assistance		
	Other:		
	Other:		

2. RECREATION OUTCOMES:

PROVIDE JUSTIFICATION IF SERVICE NOT NEEDED: _____

1. ACTIVITY: Utilizing Recreational Facilities and Engaging in Leisure (8) [7] None Needed

	INSTRUCTION	SEMESTER(S)	PERSON(S)/AGENCY RESPONSIBLE
	Demonstrate knowledge of available community leisure/recreational resources (33) [26]		
	Choose and plan leisure/recreational activities (34) [27]		
	Demonstrate knowledge of the value of recreation (35)		
	Engage in group and individual leisure/recreational activities (36) [28]		
	Select and participate in group travel [29]		
	Plan vacation time (37)		
	Other:		
	Other:		

***Contact your area Transition
Consultant for copies of
IEP Form #410
Transition Referral Form***

