Republic of Palau Ministry of Education
Special Education Office
Phone: (680) 488-2568/5298 Fax: (680)488-5808
E-mail: spedpw@palaunet.com
Hospital #: **A-86935**

INDIVIDUALIZED EDUCATION PROGRAM – SE 8A

Initial IEP ☐
IEP Review ☑

IEP Meeting Date: _____
Reevaluation Date: _____

Child's Name: _____Grade: _____ DOB: _____ Primary Language: _____
Parent/Guardian Name: _____ Residence: _____ Contact Number: 488-4826/779-7961
Mailing Address:_____ Email Address: _____

Post-secondary Goal: (Measurable post-secondary goals no later than the first IEP to be in effect when the child turns 16, or younger if determined appropriate by the IEP team, and updated annually. Formula: (After high school, After graduation, or Upon Completion of high school) _____ (the student) will _____(behavior) _____(where and how)).
Employment (required):

Training/Education (required): **To be determined when the child turns 16 years of age.**

Independent Living (if appropriate):

Present Levels of Academic Achievement and Functional Performance (include strengths of the child, concerns of parents, results of the initial or most recent evaluation of child, academic, developmental, and functional needs of the child.	Measurable Annual Academic and Functional Goals (and short-term objectives for children taking alternate assessments).
Reading: Strength: Weakness: **Listening Comprehension:** Strength:	**Reading Goal** **Listening Comprehension**

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Present Levels of Academic Achievement and Functional Performance (include strengths of the child, concerns of parents, results of the initial or most recent evaluation of child, academic, developmental, and functional needs of the child.	Measurable Annual Academic and Functional Goals (and short-term objectives for children taking alternate assessments)
Weakness: **Math:** Strength: Weakness:	**Math:**
How the child's disability affects the child's involvement and progress in the general education curriculum (i.e., the same curriculum as for nondisabled children):	

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SUMMARY OF SERVICES MATRIX

Service	Initiation Date	Frequency (i.e. minutes per week)	Location of Service (setting)	Duration	Staff Responsible for Delivering Service
Special Education (specially-designed instruction):					
Language:					
Math:					
ESY Services					
Related Services (i.e. speech, occupational therapy, transportation, etc.):					
Supplementary Aids and Services:					
Program Modifications or Support for School Personnel (i.e. staff development/training, technical assistance, etc.):					

Explanation of the extent, if any, to which the child will not participate with nondisabled children in the general education class, extracurricular and other nonacademic activities:

The child will participate in a regular **PE** class. ☑YES ☐ NO If no, how will the child participate? _____

The child will participate in Palau statewide assessment/s: ☑ YES ☐ NO If YES, are accommodations needed? ☑YES ☐ NO

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Types of accommodations needed: ☑Presentation ☑Response ☑Setting ☑Timing/Scheduling ☐ Other _____

State specific accommodation for each one: **Presentation:** **Response:** **Setting:** **Timing /Scheduling:** **Equipment/Technology:**

Child will participate in an alternate assessment. ☐ Yes ☑ No If YES, Explain why the child cannot participate in the regular assessment:

Not Applicable

Statement why the particular alternate assessment selected is appropriate for the child:

Not Applicable

The child's progress on annual goals will be measured by: ☑Informal Assessment Teacher's Made Test, ☑Formal Assessment Brigance Test

The child's parents will be regularly informed of progress: ☑ At least quarterly ☑ Other When needed

CONSIDERATION OF SPECIAL FACTORS

☐ The child's behavior impedes the child's learning or that of others. *Attach Positive Behavior Support Plan to address behavior.*

☑ The child has limited English proficiency. If this is checked, The IEP must indicate what supports the child will need to participate and make progress in the general curriculum. (Explicit instruction is needed in areas of language and math)

☑ The child is blind or visually impaired. The IEP team must consider provision of instruction in Braille and the use of Braille unless the IEP Team determines, after an evaluation of the child's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is not appropriate for the child.

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☐ Communication needs: If the child is deaf or hard of hearing, consider the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode.

☑ The child needs an assistive technology device and/or service. (Braille device)

For any of the needs identified as a special factor, the IEP team must document how the decision was reached and must incorporate the service in the appropriate section of the IEP.

EXTENDED SCHOOL YEAR:

Criteria/Inquiry:

Did the student experience significant regression on the IEP goals and objectives?
☐ Yes ☑ No

Did the student require an unreasonably long period of time to relearn previously learned skills?
☐ Yes ☑ No

Are there other factors relevant in determining eligibility for ESY services such as maintenance of skills learned during the school year?
☑Yes ☐No

Decision: Is the student eligible for Extended School Year Services?
☑ Yes ☐No ☐ To be determined by: _____

*If yes, attach documentation for each question and record services on **Summary of Services** Matrix page. Identify which IEP goals will be worked on during the Extended School Year program: All IEP goals stated in the active IEP*

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TRANSITION COURSES OF STUDY/TRANSITION SERVICES:

POST-SCHOOL CONSIDERATIONS (This section to be completed for the IEP to be in effect when the child is 16 or earlier if appropriate)

Projected date of graduation: Not Applicable at this time

Post-School Employment Goal (required):

Planned Course of Study:

To be determined when the child turns 16 years of age.

Transition Services and Activities:

Agency/community supports that may provide transition services in the coming school year:

Post-School Education/Training Goal (required):

Planned Course of Study:

To be determined when the child turns 16 years of age.

Transition Services and Activities:

Agency/community supports that may provide transition services in the coming school year:

Post-School Independent Living Skills Goal (if appropriate):

Planned Course of Study:

To be determined when the child turns 16 years of age.

Transition Services and Activities:

Agency/Community supports that may provide transition services in the coming school year:

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TRANSFER OF RIGHTS: Child will reach age of majority within one year. ☐ Yes ☐ No

Child and parent have been informed of the rights under IDEA, if any, that will transfer to the child on reaching the age of majority. ☐ Yes ☐ No

NOTE: Graduation will permanently end entitlement to a free and appropriate public education (FAPE) under the federal Individuals with Disabilities Education Act 2004 and the Republic of Palau Ministry of Education (MOE) Special Education Policies and Procedures. Therefore, after graduation this student will no longer be entitled to receive special education and related services from a school within the Ministry of Education.

Signature/Position of IEP Team Members: