











# INDIVIDUALIZED EDUCATION PROGRAM (IEP) II. PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2019)

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

IEP Team Meeting Date:    /    /

## EARLY LEARNING SKILLS:

- Social Foundations
- Language and literacy
- Mathematics
- Science
- Social studies
- Physical well-being and motor development
- Fine arts

Document child's educational and functional performance levels in areas, as appropriate.

Source(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summary of Assessment Findings (including dates of administration): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Level of Educational and Functional Performance: (Consider private, state, local school system, and classroom based assessments, as applicable.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this area impact the child's educational and/or functional performance?  YES  NO

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MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2019)

Name: \_\_\_\_\_ Agency: \_\_\_\_\_ IEP Team Meeting Date: / /

**ACADEMIC** \_\_\_\_\_ Document student’s academic achievement and functional performance levels in academic areas, as appropriate.

Source(s): \_\_\_\_\_ Summary of Assessment Findings (including dates of administration): \_\_\_\_\_  
 Instructional Grade Level Performance: \_\_\_\_\_  
 (Consider private, state, local school system, and classroom based assessments, as applicable.) \_\_\_\_\_

Does this area impact the student’s academic achievement and/or functional performance?  YES  NO

**HEALTH** \_\_\_\_\_

Source(s): \_\_\_\_\_ Summary of Assessment Findings (including dates of administration): \_\_\_\_\_  
 Level of Performance: \_\_\_\_\_  
 (Consider private, state, local school system, and classroom based assessments, as applicable.) \_\_\_\_\_

Does this area impact the student’s academic achievement and/or functional performance?  YES  NO

**PHYSICAL** \_\_\_\_\_

Source(s): \_\_\_\_\_ Summary of Assessment Findings (including dates of administration): \_\_\_\_\_  
 Level of Performance: \_\_\_\_\_  
 (Consider private, state, local school system, and classroom based assessments, as applicable.) \_\_\_\_\_

Does this area impact the student’s academic achievement and/or functional performance?  YES  NO

**BEHAVIORAL** \_\_\_\_\_

Source(s): \_\_\_\_\_ Summary of Assessment Findings (including dates of administration): \_\_\_\_\_  
 Level of Performance: \_\_\_\_\_  
 (Consider private, state, local school system, and classroom based assessments, as applicable.) \_\_\_\_\_

Does this area impact the student’s academic achievement and/or functional performance?  YES  NO



Name:

Agency:

IEP Team Meeting Date: / /

**SCHOOL AGED - PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**

What is the parental input regarding the student's educational program?

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What are the student's strengths, interest areas, significant personal attributes, and personal accomplishments? (Include preferences and interests for post-school outcomes, if appropriate.)

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How does the student's disability affect his/her involvement in the general education curriculum?

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Name: \_\_\_\_\_

Agency: \_\_\_\_\_

IEP Team Meeting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**TRANSITION ACTIVITIES****TRANSITION SERVICES/ACTIVITIES:**

Transition services are a coordinated set of activities for a student with a disability that is designed within a results oriented process that will facilitate the student’s progression from school to postsecondary activities.

**TRANSPORTATION:** \_\_\_\_\_

Responsible Party: \_\_\_\_\_

Progress Report 1 Date_____	Progress: <input type="radio"/> Completed <input type="radio"/> Partially Completed <input type="radio"/> Not Yet Initiated <input type="radio"/> Not Completed (Reason: <input type="radio"/> Family Choice <input type="radio"/> Student Choice <input type="radio"/> Student’s Schedule <input type="radio"/> Other: _____) Description of Progress: _____
Progress Report 2 Date_____	Progress: <input type="radio"/> Completed <input type="radio"/> Partially Completed <input type="radio"/> Not Yet Initiated <input type="radio"/> Not Completed (Reason: <input type="radio"/> Family Choice <input type="radio"/> Student Choice <input type="radio"/> Student’s Schedule <input type="radio"/> Other: _____) Description of Progress: _____
Progress Report 3 Date_____	Progress: <input type="radio"/> Completed <input type="radio"/> Partially Completed <input type="radio"/> Not Yet Initiated <input type="radio"/> Not Completed (Reason: <input type="radio"/> Family Choice <input type="radio"/> Student Choice <input type="radio"/> Student’s Schedule <input type="radio"/> Other: _____) Description of Progress: _____
Progress Report 4 Date_____	Progress: <input type="radio"/> Completed <input type="radio"/> Partially Completed <input type="radio"/> Not Yet Initiated <input type="radio"/> Not Completed (Reason: <input type="radio"/> Family Choice <input type="radio"/> Student Choice <input type="radio"/> Student’s Schedule <input type="radio"/> Other: _____) Description of Progress: _____













Name: \_\_\_\_\_ Agency: \_\_\_\_\_ IEP Team Meeting Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### AUTHORIZATION(S)

#### **CONSENT FOR INITIATION OF SERVICES (initial IEP only)**

I have received a copy of the Evaluation Report informing me in writing of the reasons for this action.

The special education and related services will be provided as described in the IEP. I understand that the IEP will be reviewed periodically but not less than annually.

I understand that records will not be released without my signed and written consent except under the provisions of the Family Education Rights and Privacy Act (FERPA). This law allows the release of educational records to a public school or educational agency.

I understand that my consent is voluntary and that I may revoke consent at any time. Should I revoke consent it is not retroactive. If I revoke consent, in writing, for my child to receive special education services after my child is initially provided special education and related services, the public agency is not required to amend my child's education records to remove any references to my child's receipt of special education and related services because of my revocation of consent.

I understand that the public agency will submit information that will be used for the special services information system. This system will be used by the MSDE and other State Agencies, as appropriate, to enable funding of programs and to assure my child's rights to any needed assessment.

I have been informed of the determination(s) of the IEP team in my native language or other mode of communication.

I have been informed of my rights, as explained in the *Procedural Safeguards - Parental Rights* document, I have received.

I consent to the initiation of special education and related services for my child, as specified in my child's IEP.

**Parent Signature:**

**Date:**

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