**Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IEP Date \_\_\_\_\_\_\_\_**

**Native Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Birth Date \_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_ Gender \_\_\_\_\_\_ Grade \_\_\_\_\_ Migrant Ed \_\_\_\_\_\_\_\_\_**

**Last IEP \_\_\_\_\_\_\_\_\_\_ IEP Annual Review Date \_\_\_\_\_\_\_\_\_\_\_ Original SIT Mtg. \_\_\_\_\_\_\_\_\_\_**

**Purpose of Meeting**  🞏Initial 🞏Annual 🞏Triennial

**Residency** 🞏Parent (both) 🞏Parent (mother) 🞏Parent (father)

 🞏Guardian 🞏Foster

**Adult Residency Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**District of Residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Neighborhood School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Ethnicity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 🞏Hispanic or Latino

*All descriptions of the student and how the disability affects the student and academic progress in general education are noted in the RTI/REACH document submitted to the Student Intervention Team (SIT).*

**Initial Placement Only**

Has the student received ITBS/CogAT screening for two years? 🞏Yes 🞏No

Date of initial referral for Special Education services \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of initial meeting to determine eligibility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of parental consent to receive services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Triennial (3 Year) Re-evaluation**

🞏Triennial re-evaluation not due prior to next review date.

🞏Triennial re-evaluation due prior to or on next review date.

🞏Summary of progress and current education performance needed.

🞏Full re-evaluation process by SIT needed.

**Present Levels of Academic Achievement**

**Strengths and Interests as noted in RTI/REACH document**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Concerns of parent relevant to the educational process** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ITBS NPR**

\_\_\_\_\_ Reading \_\_\_\_\_ Written Expression \_\_\_\_\_ Conventions of Writing

\_\_\_\_\_ Vocabulary \_\_\_\_\_ Mathematics \_\_\_\_\_ Computation \_\_\_\_\_ Social Studies

\_\_\_\_\_ Science \* An NPR score of 75 or higher indicates advanced placement

**CogAT GPR**

\_\_\_\_\_ Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_ Nonverbal

**Physical Fitness Testing (Grades 3-8):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WrAP Data** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CBM Common Core Data**

\_\_\_\_\_ DRA Level \_\_\_\_\_ Math: Number Sense \_\_\_\_\_ Math: Algebraic Thinking/Operations

\_\_\_\_\_ Math: Geometry \_\_\_\_\_Math: Measurement \_\_\_\_\_ Math: Data/Probability

**Special Factors**

**Will the student benefit from assistive technology?** 🞏 Yes 🞏 No

**In the absence of school funding, is the parent willing to supply the assistive technology?** 🞏 Yes 🞏 No

**Considerations for the student if they are hard of hearing:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Considerations for the student if they are visually impaired:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**English as a Second Language**

Will the student need primary language support? 🞏 Yes 🞏 No

What is the language of instruction? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Considerations for Environmental Factors**

Does student impede the learning of others? 🞏 No 🞏 Yes (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, what behavioral interventions and strategies/supports are being used? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Behavioral Goals and Plan will be a part of this IEP (attached): 🞏 Yes 🞏 No

**Annual Goals and Objectives # \_\_\_\_\_\_**

|  |
| --- |
| **Short-term Objective # \_\_\_\_\_\_** |
| **Short-term Objective # \_\_\_\_\_\_** |
| **Short-term Objective # \_\_\_\_\_\_** |

|  |  |
| --- | --- |
| **Annual Report 1****Date** \_\_\_/\_\_\_\_/20\_\_\_**Summary of Progress**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Triennial Goal Review****Date** \_\_\_/\_\_\_\_/20\_\_\_**Goal met** 🞏 Yes🞏 No**Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Annual Goals and Objectives # \_\_\_\_\_\_**

|  |
| --- |
| **Short-term Objective # \_\_\_\_\_\_** |
| **Short-term Objective # \_\_\_\_\_\_** |
| **Short-term Objective # \_\_\_\_\_\_** |

|  |  |
| --- | --- |
| **Annual Report 1****Date** \_\_\_/\_\_\_\_/20\_\_\_**Summary of Progress**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Triennial Goal Review****Date** \_\_\_/\_\_\_\_/20\_\_\_**Goal met** 🞏 Yes🞏 No**Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Annual Goals and Objectives # \_\_\_\_\_\_**

|  |
| --- |
| **Short-term Objective # \_\_\_\_\_\_** |
| **Short-term Objective # \_\_\_\_\_\_** |
| **Short-term Objective # \_\_\_\_\_\_** |

|  |  |
| --- | --- |
| **Annual Report 1****Date** \_\_\_/\_\_\_\_/20\_\_\_**Summary of Progress**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Triennial Goal Review****Date** \_\_\_/\_\_\_\_/20\_\_\_**Goal met** 🞏 Yes🞏 No**Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Gifted and Talented Education and Related Services**

*Service options considered must include the LRE to mitigate harmful effects to the student and the quality of services rendered to meet the student’s needs.*

|  |  |  |
| --- | --- | --- |
| **Service:** | **Start Date:** | **End Date:** |
| **Teacher Responsible:** |  | 🞏 individual🞏 group🞏 secondary transitional services |
| **Frequency:** | **Duration:** | **Location:** |

|  |  |  |
| --- | --- | --- |
| **Service:** | **Start Date:** | **End Date:** |
| **Teacher Responsible:** |  | 🞏 individual🞏 group🞏 secondary transitional services |
| **Frequency:** | **Duration:** | **Location:** |

|  |  |  |
| --- | --- | --- |
| **Service:** | **Start Date:** | **End Date:** |
| **Teacher Responsible:** |  | 🞏 individual🞏 group🞏 secondary transitional services |
| **Frequency:** | **Duration:** | **Location:** |

|  |  |  |
| --- | --- | --- |
| **Service:** | **Start Date:** | **End Date:** |
| **Teacher Responsible:** |  | 🞏 individual🞏 group🞏 secondary transitional services |
| **Frequency:** | **Duration:** | **Location:** |

|  |  |  |
| --- | --- | --- |
| **Service:** | **Start Date:** | **End Date:** |
| **Teacher Responsible:** |  | 🞏 individual🞏 group🞏 secondary transitional services |
| **Frequency:** | **Duration:** | **Location:** |

**Graduation Plan (Grade 8)**

🞏 To participate in high school curriculum leading to a regular diploma

🞏 To participate in a high school curriculum leading to honors/advanced placement

**Signatures and Parental/Guardian Consent**

🞏 I agree to all parts of this GT IEP, and accept placement of my child on an IEP for Gifted and
 Talented (GT).

* I agree to the GT IEP, with the exception of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

🞏 Parent will receive a hard copy of this IEP by \_\_\_/\_\_\_/\_\_\_ via:

* E-mail 🞏 mail 🞏 student’s Monday folder

🞏 I understand that I have chosen to enroll my child in Osceola Adventist Christian School,
 which is owned and operated by the Florida Conference Association of Seventh-day
 Adventists. I further understand that this IEP for GT is site-based, and may not be
 accepted by another school or school system.

🞏 I decline the offer of initiation of special education services for GT.

🞏 I understand that my child is not eligible for an IEP for GT as evidenced by the RTI/REACH
 documents, SIT proceedings, and the scores obtained for this review.

🞏 I understand that my child is no longer eligible for an IEP for GT as evidenced by scores
 obtained for this review.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_
Parent Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_\_/\_\_\_\_
Parent Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_\_/\_\_\_\_
Classroom Teacher Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_
Admin. Designee (Team Chair) Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_\_/\_\_\_\_
Administration Signature Date