

**INDIVIDUALIZED EDUCATION PROGRAM:
SUMMARY (I-9)**

CESA #7 _____ SCHOOL DISTRICT

Name of Student _____

Projected beginning and ending date(s) of IEP services & modifications _____ to _____
(month/day/year) (month/day/year)

Physical education: Regular Specially designed

Vocational education: Regular Specially designed

Include a statement for each of I, II, III and IV below to allow the student (1) to advance appropriately toward attaining the annual goals; (2) to be involved and progress in the general education curriculum; (3) to be educated and participate with other students with and without disabilities to the extent appropriate, and (4) to participate in extracurricular and other nonacademic activities. Include frequency, location, & duration (if different from IEP beginning and ending dates).

I. <u>Special education</u>	<u>Frequency/ Amount</u>	<u>Location</u>	<u>Duration</u>

II. Related services needed to benefit from special education including frequency, location, and duration (if different from IEP beginning and ending dates).

None needed to benefit from special education

	Freq / Amt	Location	Duration
<input type="checkbox"/> Assistive Technology			
<input type="checkbox"/> Audiology			
<input type="checkbox"/> Counseling			
<input type="checkbox"/> Educational Interpreting			
<input type="checkbox"/> Medical Services for Diagnosis and Evaluation			
<input type="checkbox"/> Occupational Therapy			
<input type="checkbox"/> Orientation and Mobility (VI only)			
<input type="checkbox"/> Physical Therapy			
<input type="checkbox"/> Psychological Services			
<input type="checkbox"/> Recreation			
<input type="checkbox"/> Rehabilitation Counseling Services			
<input type="checkbox"/> School Health Services			
<input type="checkbox"/> School Nurse Services			
<input type="checkbox"/> School Social Work Services			
<input type="checkbox"/> Speech / Language			
<input type="checkbox"/> Transportation			
<input type="checkbox"/> Other: specify			

<p>III. <u>Supplementary aids and services</u>: aids, services, and other supports provided to or on behalf of the student in regular education or other educational settings. <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If yes, describe</i>)</p>	<p><u>Freq / Amt</u></p>	<p><u>Location</u></p>	<p><u>Duration</u></p>
<p>IV. <u>Program modifications or supports</u> for school personnel that will be provided. <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If yes, describe</i>)</p>			

V. Participation in Regular Education Classes

- The student will participate full-time with non-disabled peers in regular education classes, or for preschoolers, in age-appropriate settings.
- The student will not participate full-time with non-disabled peers in regular education classes, or for preschoolers, in age-appropriate settings. *(If you have indicated a location other than regular education classes or age-appropriate settings in the case of a preschooler in I, II, or III above, you must check this box and explain why full-time participation with non-disabled peers is not appropriate.)*

VI. Participation in Extracurricular and Nonacademic Activities

Will the student be able to participate in extracurricular and nonacademic activities with nondisabled students? Yes No

(If yes, include under I., II., III., and IV. any special education, related services, supplementary aids and services, and program modifications or supports necessary to assist the student. If no, describe the extent to which the student will not be involved in extracurricular and nonacademic activities with nondisabled students)