

**STATE SELPA IEP TEMPLATE**

Name \_\_\_\_\_ IEP Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Does the student require assistive technology devices and/or services?  No  Yes - Specify \_\_\_\_\_

Does the student require low incidence services, equipment and/or materials to meet educational goals?  No  Yes (specify)

Considerations if the student is blind or visually impaired \_\_\_\_\_

Considerations if the student is deaf or hard of hearing \_\_\_\_\_

If the student is an English Learner, complete the following section:

- Does the student need primary language support?  No  Yes if yes, who will provide? \_\_\_\_\_
- Who will provide ELD instruction to student?  General Education  Special Education
- What type of ELD programs will be provided?  English Language Mainstream
- Structured English Immersion
- Alternative Program (native language instruction)

Comments \_\_\_\_\_

Does student's behavior impede learning of self or others?  No  Yes (describe) \_\_\_\_\_

If yes, specify positive behavior interventions, strategies, and supports \_\_\_\_\_

- Behavior Goal is part of this IEP
- Behavior Support Plan (BSP) attached
- Behavior Intervention Plan (BIP) attached

For student to receive educational benefit, goals will be written to address the following areas of need:

_____	_____
_____	_____
_____	_____
_____	_____