		Student Name:			DOB:	Grade:		
LOUISIANA DEPARTMENT OF	EDUCATION	System:		Meeting Date:	Sta	te ID: Local I	D: Page of	Revised 2020
Transition Services								
Date of Student Invitation:			Method of Student Invitation					
Measurable Postsecondary Go	als (Outcomes	that occur after the student	has left high school.)					
Training or Education Goal:								
Independent Living Goal:								
(if applicable)								
		essments used to address tentation must be included in		, vocational skills, ε	mployability, inc	dependent living skills, self-ad	vocacy and other preferences a	and interests.
/////								
			1				-	
TRANSITION SERVICES	SCHO	OL ACTION STEPS	STUDENT ACT	ON STEPS	FAN	MILY ACTION STEPS	AGENCY ACTION	N STEPS
INSTRUCTION/								
RELATED SERVICES								
COMMUNITY					<u> </u>			
EXPERIENCES								
EMPLOYMENT AND POSTSCHOOL								
ADULT LIVING								
FUNCTIONAL								
VOCATIONAL EVALUATION AND DAILY								
LIVING SKILLS								
		(105)						
The Individu	al Graduation P	lan (IGP)	Individual Gradua	ation Plan for LEAP	Connect	Educational/0	Career Plan for LEAP Connect	
WHEN NEEDED, IF A PARTIC	IPATING AGEN	CY DOES NOT ATTEND, I	DOCUMENT OTHER ACTIO	NS FOR AGENCY	LINKAGES.	Exit Documer	nt:	
						Years to Graduate/Ex	it:	
						Anticipated Exit Date:		
					l	l		

INDIVIDUALIZED EDU	CATION PROGRAM	Student Name:		DOB:	Grade:		CONFIDENT	AL DOCUMENT
LOUISIANA DEPARTN	IENT OF EDUCATION	System:		Meeting Date:	State ID:	Local ID:	Page of	Revised 2020
General Student	Information							
HOMEBASED SCHOO	DL:			OTHER SCHOOL:				
IEP TYPE:		INDI	/IDUAL EVALUATION / WAIVER	DATE:	_			
Primary / Other	Exceptionality		Detail(s)					
Primary								
Other								
Other								
Other								
Other								
IEP Participants	Nam	le		IEP Participants	Nan	ne		
Include strengths: pare	ental concerns; evaluat	tion results; academic.	developmental, and functional ne	eds: statewide assessment re	sults; progress or lack	of expected progress i	n general education	urriculum:

and consideration of special factors: behavior, language needs for English Learner, instruction in and use of braille, communication needs, assistive technology devices and services, and health needs.

Directions: Check "Yes" or "N/A" for both questions.

Does the student have limited or no verbal skills?

🗌 Yes 🛛 N/A

Does the student have other significant impairment in the areas of receptive and/or expressive language, including but not limited to impairments in the areas of apraxia, articulation/phonology, fluency, pragmatics, or auditory processing.

🗌 Yes 🛛 N/A

....

- In order to effectively plan for this student's unique communication support needs and facilitate his/her academic progress,
 - In the General Student Information drop down list, the "Communication" item will self-populate.
 - The "Communication Needs of Child" section must be completed.
 - A communication plan must be developed for this student. "The Tools for Developing Communication Plans" is a resource for IEP teams to use in developing plans.
 - At least 1 communication related goal must be included in the instructional pages of the IEP.

about the Student:	
Strengths:	
enenginen	
Parent Concerns:	
Evaluation /	
Reevaluation Results:	

LOUSIAND DEPARTMENT OF EDUCATION System: Meeting Date: State tD: Peg Peg Revierd 2020 Developmental, ast	NDIVIDUALIZED EDUCA	TION PROGRAM	Student Name:		D	OB:	Grade:		CONFIDENTIAL	
Developmental, and Functional Wester Assessment Results: Progress or lack of expected progress in arritolation General Student Information (continued) Consideration of Special Factors English Learner: English Learner: Communication Needs of Child: Instruction in and use of Braile: Assessment Results: Progress or lack of Braile: Assessment Results: Instruction in and use Instruction in and use	LOUISIANA DEPARTMEN	IT OF EDUCATION	System:		Meeting Date:	State I	D:	Local ID:	Page of	Revised 2020
Assessing the data of expended programs of lake of expended programs of la	Developmental, and									
expected progress in carriculant. Seneral Student Information (continued) Consideration of Special Factors Behavior English Learner: Communication Needs of Child: Instruction in and use of Braile: Assistive Technology Services / Devices Please indicate AT exercises of Study - Headin needs - b telp Consideration by the IEP team, there are no special factors that need to be addressed at this time Transform Courses of Study - Headin needs of Study - Individual Prescription for Instruction Needs of Study - Consideration by the IEP team, there are no special factors that need to be addressed at this time Transform Courses of Study - Return of Students Of Study - Return on Students Of St										
Consideration of Special Factors Behavior: English Learner: Communication Needs of Child: Instruction in and use of Braille: Assistiva Technology Services / Evices - Please indicate AT devices used on the Accommodate AT devices of Study:	expected progress in general education									
Behavior: English Learner: English Learner: Communication Needs of Child: Instruction in and use of Braille: Instruction in and use of Braille: Please indicate AT Assistive Technology Services - HP Please indicate AT Accommodiate AT Page Health needs - HP needs to be attached to IEP	General Student Inf	formation (contin	ued)							
English Learner: English Learner: Communication Needs of Child: Instruction in and use of Braile: Assistive Technology Services / Devices Prease indication Assistive Technology Bervices / Devices Prease indicatio	Consideration of Spe	ecial Factors								
Communication Needs of Child: Instruction in and use of Brailie Assistive Technology Services / Devices - Please indicate AT devices used on the Accommodations Page Health needs - IHP needs to be atkached to IEP Individual Prescription for Instruction Individual Graduation Plan for LEAP Connect Students Stud	Behavior:									
Communication Needs of Child: Instruction in and use of Brailie Assistive Technology Services / Devices - Please indicate AT devices used on the Accommodations Page Health needs - IHP needs to be atkached to IEP Individual Prescription for Instruction Individual Graduation Plan for LEAP Connect Students Stud										
Needs of Child: Instruction in and use of Braille: Assistive Technology Services / Devices - Please indicate AT Please indicate AT Page Health needs - IHP needs to be attached to IEP After consideration by the IEP team, there are no special factors that need to be addressed at this time Transition Courses of Study- Attach plan to IEP: Individual Prescription for Instruction Plan	English Learner:									
Needs of Child: Instruction in and use of Braille: Assistive Technology Services / Devices - Please indicate AT Please indicate AT Page Health needs - IHP needs to be attached to IEP After consideration by the IEP team, there are no special factors that need to be addressed at this time Transition Courses of Study- Attach plan to IEP: Individual Prescription for Instruction Plan										
Needs of Child: Instruction in and use of Braille: Assistive Technology Services / Devices - Please indicate AT Please indicate AT Page Health needs - IHP needs to be attached to IEP After consideration by the IEP team, there are no special factors that need to be addressed at this time Transition Courses of Study- Attach plan to IEP: Individual Prescription for Instruction Plan										
of Braille: Assistive Technology Services / Devices - Please indicate AT devices used on the Accommodations Page Health needs · IHP needs to be attached to IEP After consideration by the IEP team, there are no special factors that need to be addressed at this time Transition Courses of Study - Attach plan to IEP: Individual Prescription for Instruction Individual Individual Graduation Plan Individual Ind										
of Braille: Assistive Technology Services / Devices - Please indicate AT devices used on the Accommodations Page Health needs · IHP needs to be attached to IEP After consideration by the IEP team, there are no special factors that need to be addressed at this time Transition Courses of Study - Attach plan to IEP: Individual Prescription for Instruction Individual Individual Graduation Plan Individual Ind										
Services / Devices - Please indicate AT devices used on the Accommodations Page Health needs - IHP needs to be attached to IEP After consideration by the IEP team, there are no special factors that need to be addressed at this time Transition Courses of Study - Attach plan to IEP: Individual Prescription for Instruction Individual Attach plan to IEP:										
Services / Devices - Please indicate AT devices used on the Accommodations Page Health needs - IHP needs to be attached to IEP After consideration by the IEP team, there are no special factors that need to be addressed at this time Transition Courses of Study - Attach plan to IEP: Individual Prescription for Instruction Individual Attach plan to IEP:										
Health needs - IHP needs to be attached to IEP	Services / Devices - Please indicate AT devices used on the Accommodations									
Transition Courses of Study - Attach plan to IEP: Individual Prescription for Instruction Individual Graduation Individual Graduation Plan for LEAP Connect Students Educational/Career Plan for LEAP Connect Students	Health needs - IHP needs to be attached									
Transition Courses of Study - Attach plan to IEP: Individual Prescription for Instruction Individual Graduation Individual Graduation Plan for LEAP Connect Students Educational/Career Plan for LEAP Connect Students										
Attach plan to IEP:		After consideration	by the IEP team, there a	re no special factors that ne	ed to be addresse	ed at this time				
			rescription for Instruction	Graduation		raduation Plan for L	EAP Connect		Career Plan for LE	AP Connect
	Educational Needs:	Academic/Cogr	itive Behavior		on Mot	or	Self-Help	Socia	al	

NDIVIDUALIZED EDUCATION PROGRAM	Student Name:	DOB:	Grade:		CONFIDENTIA	L DOCUMEN
OUISIANA DEPARTMENT OF EDUCATION	System:	Meeting Date:	State ID:	Local ID:	Page of	Revised 202
Instructional Plan #						
EDUCATIONAL NEED AREA:						
CONTENT AREA:						
ESY Instruction	April Dunn Act Applied					
	Louisiana Connectors Aligned Instruction					
Present Level of Academic Achievement and	Functional Performance					
Measurable Academic / Functional Goal						
MathadafMaaaaaa						
Method of Measurement: Additional Methods of Measurement:						
Date Achieved:						
		TS PARTICIPATING IN ALTERNA ERM OBJECTIVES or BENCHMA				
# THE STUDENT WILL					Date Achieve	ed
1						
2						
3						
PERSONNEL RESPONSIBLE FOR IMPLEM	ENTING GOAL (Check by position)					
Special EducationTeacher Pa Educator Other Related Service Provider Other (List)	rent Speech/Language Pathologist	Regular EducationTeacher	Student	Adapted Physica	al	
_1						

NDIVIDUALIZED EDUCATION PROGRA	AM Studen	t Name:		DOB: Grade:					ide:		C	ONFIDENT	IAL DOCUMEN
LOUISIANA DEPARTMENT OF EDUCA	TION System	:			Meetin	g Date:		State ID:		Local ID: _		Page of	Revised 202
Accommodations listed on the IEP sh instructional accommodations used re				ction and o	n similar cla	assroom ass	sessments.	Select test	ing accomm	odations th	at correlate	e to	
ESY Instruction													
NONE (This student does not requ	ire Accommoda	itions)											
*English III Only **Replaced LEAP and EOC ***Except Reading Comprehension se	ctions on the E	ng III EOC											
Accommodations				CHECI	K THE INDIV		OMMODAT		DED				
Access For All	□ Accon	nmodation					Statew	vide Assess	sments				
▲ Accessibility Feature	Assist	ive Technology			Pa	per					Online		
	Class	sroom			2025** les 3-4		Grades 3-12	Grades 9-12	Grades 3-12			2025** es 3-12	
	Instruction	Testing	ELA	Math	Social Studies	Science	LAA 1 Science	LAA 2	LEAP Connect	ELA	Math	Social Studies	Science
Presentation Accommodations													
Read Aloud													
Text-to-Speech			• •	• •	• •	• •	• •	• •	• •				
Human							• •	• .	• .				
Kurzweil							· .	• .	• .	• .	• •	· .	· .
Recorded voice file							· .	• .	• .	• .	•••	· .	• .
Modify Test/Assignments	•		4	+	•	•	ł	ł	•			•	
Modified tests			• •	• •	• .	• .	· .	• .	• •	• •	• •	• .	· .
Modify assignments as needed			• •	• •	• •	• •	• •	• •	• •	• .	•••	• •	• •
Shorten assignments			• •	• •	• •	• •	• •	• •	• •	• •	• •	· .	• •
Limit amount of work required or length of tests			· .	• .	• .	• .	· .	• .	• •	• .	• •	• .	• .
Modify/repeat/model directions			• •	• •	• •	• •	• •	• .	• .	• •	• •	• .	• •
Alter format of materials on page (type/highlight/spacing)			• .	• .	• .	• .	• .	· .	• .	• .	• .	· .	· .
Limited multiple choice/Reduce answer choices			• .	• •	• .	• •	•	• .	• •	• .	•••	• •	· .
Provide Word bank/Word assistance			· .	• .	· .	• .	• .	• .	• .	• .	•••	• .	• .
Multiple choice spelling tests, shortened spelling list			• .	• •	• •	•••	• •	• •	• •	• .	•••	• •	· .

			DOB: Grade Meeting Date: State ID:								0	ONFIDENT	
OUISIANA DEPARTMENT OF EDUCAT					Meetin	g Date:		State ID:		Local ID:		Page of	Revise
Access For All	_	modation			_		Statew	vide Assess	ments		Online		
▲ Accessibility Feature	Assistiv	ve Technology			Pa	per					Online		
	Class	room		LEAP			Grades 3-12	Grades 9-12	Grades 3-12			2025**	
	Instruction	Testing	ELA	Math	es 3-4 Social	Science	LAA 1	9-12 LAA 2	LEAP Connect	ELA	Math	s 3-12 Social	Science
Presentation Accommodations					Studies		Science		Connect			Studies	
Communication Assistance													
Communication Assistance/Task			· .	· ·	· ·	· .		· .		· ·	· · ·	· .	· .
Description Fm system	7.787. 1.111	7.125					7777		7.78% 1000				
Adapted toys/games													
													•
Computer/Word-Processor							•		• •	0	. •	•	0
Touch Screen Monitor		♦	• .	• .	•	• .	•	•	• .				
Reading pen			• .	· .	• •	• •	• •	• .	• •	• .	• .	• •	• •
Communication assistance - related to hearing loss only													
Hearing Device													
Interpreter													
Visuals			• .	· .	• •	• •		· .	· .	· .	• •	• •	• .
Visual schedule/Picture schedule			• .	• .	• •	• .	· .	• .	• .	• .	• .	• .	• .
Audio Amplification System										. 0	. 0	. •	0
Communication Assistance Script (for interpreters and UEB read aloud)							• .	• .					
Other Presentation Accommodations			•			•						•	
Answer Masking		. 0	. •	. •	0	0			. •	. 0	. 0	. 0	0
General Administration- Directions Clarified by test administrator	0	. 0	O	O		0	O	. 0	O	O	. 0	O	0
General Masking	. 0		O	· •		0	. •		. •	0	. 0	O	0
Highlight Tool/Highlighter			. •	· •	. •	0	• •	· .	•	. •	•		0
Headphones or Noise Buffers	0	. 0		. •	0	•	• •	. •		O	. •	•	0
Magnification/Enlargement Device									. 0	0	. 0	. 0	0
Pop-up Glossary	· .	· .	• .	• .	• .	• .	• •	· .	• .	• .	• .	• .	• .
Redirect Student to the Test	· .		O	O	0	0	O	. 0	0	0	0	0	0
Tactile Graphics	· .	• .					• .	• .	· .	· .	• .	• .	• .
Utilize graphic/pictorial mode materials (e.g. tactile graphics)								• .	· .	• .	• .	• .	•
Large Print							• .		• .		· •	0	0

Copies must be provided to Teacher(s), Parent(s), and Central Office

	TION System:			Meeting Date: State ID: Local ID: Page of Revis Statewide Assessments										
Access For All	Accom	modation					Statew	vide Assess	ments					
▲ Accessibility Feature	Assistiv	ve Technology			Pa	per					Online			
	Class	room			2025** es 3-4		Grades 3-12	Grades 9-12	Grades 3-12			2025** es 3-12		
	Instruction	Testing	ELA	Math	Social Studies	Science	LAA 1 Science	LAA 2	LEAP Connect	ELA	Math	Social Studies	Science	
Presentation Accommodations														
Change background font and colors			• .	• .	• .	• .	• •	• •	· •	O	· •	. •	0	
Color reading filters							• •		· •	. 0	· •	. •	. 0	
Color code material		• •	• .	• •	• •	• •	• •	• •	• •	• •	• •	• •	• •	
Provide study outlines/guides			• •	• •	• •	• •	• •	• •	• •	• •	• •	• •	• •	
Provide assistance/cues/prompts for ransitions between activities		• .	• .	• .	• .	• .	• .	• .	• .	• .	• .	· .	• .	
ask analysis		• .	• .	• •	• .	• •	• .	• .	• •	• .	• .	• •	• •	
Jse multi-sensory modes /tools to einforce instruction		• .	· .	• .	• .	• .	· .	• .	• .	• .	• .	· .	• .	
Jse text/workbooks/worksheets at nodified reading level			· .	• .	• .	• .	• .	• .	• .	• .	• .	• .	• .	
Provide daily assignment list		• •	• .	• •	· .	•••	• •	· .	· .	• •	• .	• •	• •	
Provide homework lists		· .	· .	• .	• .	· .	• .	· .	• .	· .	• .	• .	• .	
Preview test procedures	· .		• .	• •	• •	•••	· .	• •	• •	• •	• .	• •	• •	
Simplify test wording	· .		• .	• •	• •	•••	· .	• •	• •	• •	• .	• •	• •	
Jtilize audio/recorded texts			· .	•••	• •	•••	· ·	• •	• •	• .	• •	• •	•••	
Jtilize digital formats			• .	• •	• •	•••	· .	• •	• •	• •	• .	• •	• •	
Digital Recorders			• .	• .	• .	• .	• .	· .	• .	• .	· .	· .	• .	
E-reader			• .	• .	• .	• .	• .	· .	• .	• .	· .	· .	• .	
JEB							• •							
Other (Classroom only - NOT fo state assessments)	r													
Unique (Requires additional documentation and LDOE appro for use on state assessments)	oval													

NDIVIDUALIZED EDUCATION PROGRA	M Student	Name:				D	OB:	Gra	de:		C0	ONFIDENT	AL DOCUM
OUISIANA DEPARTMENT OF EDUCAT	ION System:				Meetin	g Date:		State ID:		Local ID:		Page of	Revised
Access For All	_	modation					Statew	ide Assess	sments				
▲ Accessibility Feature	Assistiv	e Technology			Ра	per					Online		
	Class	room			2025** es 3-4		Grades 3-12	Grades 9-12	Grades 3-12		LEAP Grade	2025** s 3-12	
	Instruction	Testing	ELA	Math	Social Studies	Science	LAA1 Science	LAA 2	LEAP Connect	ELA	Math	Social Studies	Science
Response Accommodations					otudies		Oblemoe		Connect			otudies	
Communication Assistance													
Communication board/system									• .				
Functional communication book									• .				
PECS									• •				
Scribing/Utilize oral responses to assignments/tests (answers recorded)									• .				
Speech-to-Text							· .						
Voice output device													
Voice recognition software			· · ·						· .				
Nord Processors							· .		. •	. •		. •	
Switch Interface			• •	• •	• •	· .	• •	· .	• •				
Headmouse			• •	• •	• •	• •	• •	· .	• •				
Trackball Mouse			• .	• •	• •	· .	• •	• .	• •				
Communication Device									• •				
Listening device									• •				
Whisper phone			• •	• •	• •	· .	• •	· .	• •	• •	• •	• •	• •
Adaptive Keyboard							• •		• •				
Adaptive Joystick			• •	• •	• •	· .	• •	· .	• •				
Computation Devices (Except on specific	c fluency items)				1					(****	7.445	7100	
Calculators			• .		• •	• .	• .			• .		• .	· .
Multiplication Chart/Hundreds Chart/Number Line			• .		· .	• •	• .			• .		• •	• .
Manipulatives/Abacas					• .	· .			• .			• .	· .
Timers									• .				
Other Response Accommodations													
Braille Note-taker													
Writing Tools							• .				0		0
Slant Board							• .		• .				

Access For All	□ Accom	modation					Statew	vide Assess	ments				
▲ Accessibility Feature		ve Technology			Ра	per					Online		
]	Class	room			2025** es 3-4		Grades 3-12	Grades 9-12	Grades 3-12			2025** s 3-12	
	Instruction	Testing	ELA	Math	Social Studies	Science	LAA1 Science	LAA 2	LEAP Connect	ELA	Math	Social Studies	Science
Response Accommodations					•								
NotePad/Blank Paper	0		0	. 0	0	0	. 0	• .	•	0	0	0	. 0
Eliminate Answer Choices	• •	• •	· .	• .	• •	• .	• .	• .	· .	0	0	0	•
Flag Items for Review	• .	• .	· .	• .	• .	• .	• .	• .	· .	0	0	0	•
Blank Paper/Adapted Paper			0	O	0		· .		· .	0	0	0	· 0
Copy of notes (teacher notes, class notes)		• •	· .	• .	• .	• .	• •	• .	· .	• •	• .	• .	• •
Nord bank, reduced answer choices on nultiple choice tests			• .	• .	• .	· .	· .	• .	· .	• •	• .	• .	· .
Nord prediction on the ELA/Literacy Performance-based Assessment							• .		• .				
Planners/Organizers/Graphic			· .	• .	· .	• .	• .	• .	· .	• .	• .	• .	· .
Adapted grips/utensils/pencils/drawing ools							· .		· .				
Eye gaze communication system									• .				
Answers Recorded							• •						
Transferred Answers							• •						
Provide product options for students to obtain information and demonstrate knowledge through use of: alternative projects/ interviews/ oral reports			•	· .	· .	· .			· .		· .	· .	• •
Student writes on test	•••		0	. 0	0	0	• .	•	· .	• •	· .	• •	• •
Dbjective tests	• •		• .	• •	• •	• •	• •	• •	· ·	•••	• •	• •	• •
Rephrase test questions			· .	• .	• .	• .	· .	• .	· .	• •	• .	• .	• •
Fest study guide			• .	• •	• •	• •	• •	• •	• •	• •	• •	• •	• .
Shortened tasks			• .	• .	• .	• •	• •	•	•	• •	•	•	· .
Extra credit options			• .	• .	• .	• •	• •	•	•	• •	•	•	· .
Hands-on-projects			• .	• •	• •	• •	• .	• •	• .	• •	• •	• •	• .
Dictionary/Thesaurus/Spell Checker			• .	• .	• •	• •	• •		· · .		• •	• •	• .
Other (Classroom only - NOT for state assessments)													

DIVIDUALIZED EDUCATION PROGRA	M Student	Name:				D0	OB:	Gra	ide:		C	ONFIDENT	IAL DOCU
UISIANA DEPARTMENT OF EDUCAT	ION System:	:			Meetin	g Date:		State ID:		Local ID:		Page of	Revise
Unique (Requires additional documentation and LDOE appro for use on state assessments)	val												
Access For All	Accom	modation					Statev	vide Assess	sments				
▲ Accessibility Feature	♦ Assistiv	ve Technology			Pa	per					Online		
	Class	room			2025** les 3-4		Grades 3-12	Grades 9-12	Grades 3-12			2025** es 3-12	
	Instruction	Testing	ELA	Math	Social Studies	Science	LAA1 Science	LAA 2	LEAP Connect	ELA	Math	Social Studies	Science
Timing & Scheduling					•		•					•	•
Extended Time/Increase the amount of ime allowed to complete assignments and tests							•		• .				
Pace long term projects		• •	• •	• •	• •	• •	• •	• .	• •	• •	• •	• •	• .
Extra time-written work			• •	• •	• •	• •	• •	• .	• •	• •	· .	•••	• •
Prior notice of tests			• •	• •	• •	• •	• •	• .	• •	• •	· .	•••	• •
Nodify student's schedule		• •	• •	• •	• •	• •	• •	• .	• •	• •	· .	•••	• •
Allow breaks during work periods, between tasks, during testing							• .		• •				
Provide assistance/cues for transition between classes, lockers, and home		• .	• .	· .	· .	• .	• .	• .	• .	• .	• .	· .	• .
Content Mastery Center			• .	• •	• •	• .	• .	• .	• •	• .	• .	• •	• <u>.</u>
Other (Classroom only - NOT for state assessments)													
Unique (Requires additional documentation and LDOE appro for use on state assessments)	val												

NDIVIDUALIZED EDUCATION PROGRA	AM Student	Name:				D	OB:	Gra	ide:		C	ONFIDENT	IAL DOCUMEN
OUISIANA DEPARTMENT OF EDUCA	TION System:	:	Meeting Date: State ID: Local									Page of	Revised 20
Access For All	Accom	modation					Statev	vide Assess	sments				
▲ Accessibility Feature	Assistiv	ve Technology			Pa	per					Online		
	Class	room			2025** les 3-4		Grades 3-12	Grades 9-12	Grades 3-12			2025** es3-12	
	Instruction	Testing	ELA	Math	Social Studies	Science	LAA1 Science	LAA 2	LEAP Connect	ELA	Math	Social Studies	Science
Setting Considerations									-				
Individual testing	· .						· .		· .				
Small group testing	• •						• •		• •				
Provide individualized instruction		• .	· .	• .	• .	• .	• .	• .	• .	• .	• •	• •	· .
Provide small group instruction		• .	· .	• •	• •	• .	• .	• .	• .	• •	• •	• •	· .
Assign peer tutors/work buddies/note- takers		• .	· .	• .	• .	• .	· .	• .	· .	• .	• .	• •	· .
Provide desktop list of tasks		• .	· .	· .	· .	· .	• .	• .	• .	• .	• •	• .	· .
Alter physical room environment							• .		• .				
Separate or Alternate Location							• .		• .				
Specified Area or Seating							• .		• .				
Other (Classroom only - NOT fo state assessments)	r												
Unique (Requires additional documentation and LDOE appro for use on state assessments)	oval												

DOB: Grade:	CONFIDENTIAL DOCUMENT
Meeting Date: State ID:	Local ID: Page of Revised 2020
Meeting Date: State ID:	Local ID: Page of Revised 202
	REGULAR CLASSES Reading Spelling Physical Education Science Writing Social Studies Math Art/Music Foreign Language Vocational English/Language Arts Electives (list) If not in regular classes, explain ACTIVITIES WITH NON-DISABLED PEERS (Check all activities with non-disabled peers) Assemblies Buses Field Trips Library Meals Extracurricular/Nonacademi c Other

NDIVIDUALIZED EDUCATION PROGRAM	Student Name:				DOB:	Grade:		CONFIDENTIAL DOCUMENT		
LOUISIANA DEPARTMENT OF EDUCATION	System:			Meeting Da	ate:	State ID:	Local ID:	Page	of Revised 202	
Services / Placement										
STUDENTS TOTAL INSTRUCTIONAL DAY (Minutes):	Sti	udent attends sc							
			Individual /	Regular	Class	Community		Special Class		
Service	Date to Begin	Duration	Group	Minutes	Sessions	Minutes	Sessions	Minutes	Sessions	
						Total	Number of Minutes ir	n Special Setting p	er Week:	
			Individual /	Regular	Class		nmunity		al Class	
Service	Date to Begin	Frequency	Group	Minutes	Sessions	Minutes	Sessions	Minutes	Sessions	
	Date to Degin	Trequency	Croup	Minutes	063310113	Windles	063310113	Windles	363310113	
			+ +			-	_			
						Tota	I Number of Minutes	in Special Setting	j per Week:	
PLACEMENT/SERVICE DETERMINATION O	HECKLIST									
Attends Regular Early Childhood Program at I Receives majority of hours of special educ Receives majority of hours of special educ Attends Regular Early Childhood Program less Receives majority of hours of special educ Receives majority of hours of special educ	ation and related ation and related s than 10 hours pe ation and related	services in the services in son er week services in the	ne other location regular early chi	ildhood program	☐ Sepa ☐ Sepa Attends i ☐ Rece	rate Special Educat rate School neither a regular ear vives majority of spec	rogram (not in any reg ion Class	dential Facility nor a special educa ated services at hor	ition program ne	
					locati			aleu services al ser		
COMMENTS										

NDIVIDUALIZED EDUCATION PROGRAM Student Name:	DOB:	Grade:		ENTIAL DOCUMENT
OUISIANA DEPARTMENT OF EDUCATION System:	Meeting Date:	State ID:	Local ID: Page	of Revised 2020
<form> OUSIANA DEPARTMENT OF EDUCATION System: PLACEMENE Support the second second</form>	Beginning at least of that my (his or her) reaching the age of I have received a cop was given an opportu documentation of det I give consent for the I understand that if I a solution to my com Parent / Student did u Have the following doo LEAP Alternate Assessm Individual Healthcare Pla Individual Prescription for Individual Graduation Pla Parental Consent form fo Summary of Performance Parental Consent form fo Individual Graduation Pla Educational / Career Plar Behavior Intervention Plan Assistive Technology Cor Unique Accommodations SIGN: * Parents should initial a meeting where the IEP	AGE one year before reaching rights under the act will majority PARENT/STUDENT by of the Louisiana Educar unity for an oral explanatio termination of eligibility. initial provision of special disagree with any service uplaint through the state's not attend the Review SUPPORTIN cuments been included tent Participation Criteria, n Instruction (get copy from n (current IGP has been under connections for 8th grad e Criteria Form r Medicaid Billing n for LEAP Connect Stude n for LEAP Connect Stude n hsideration Checklist Request SURROGATE PARENT/C red for the initial prov and date in the IEP Partici was amended.	OF MAJORITY a the age of majority, I (my child) If transfer to me (my child) on my T* CONSENT FOR SERVICES tional Rights of Exceptional Children on. I have received a copy of my (child) I education and related services. as or the placement described on the written dispute resolution options. IEP Team meeting. IG DOCUMENTATION in the IEP folder? Level 2 (LAA 2) In advisor/school guidance counselor uploaded in the attachments feature) ders (get signed copy from SBLC teal ents ents ents	mave been informed (his or her) with disabilities, and d's) evaluation and IEP, I can pursue Pres N/A Pres N/A

INDIVIDUALIZED EDUCATION PROGRAM	Student Name:	DOB:	Grade:		CONFIDENTIAL	DOCUMENT
LOUISIANA DEPARTMENT OF EDUCATION	System:	Meeting Date:	State ID:	Local ID:	Page of	Revised 2020