

My IEP Team Members

STEP 1

My Name: _____

Age: _____

Grade: _____

Date: ____/____/____

Who are the members of my IEP team and what role do they have (e.g., parent, teacher, friend)?

My Name: _____ Role: Student

Name: _____ Role: _____

Name: _____ Role: _____

Name: _____ Role: _____

Name: _____ Role: _____

Name: _____ Role: _____

Things my IEP team and I can do to
work well together:

Things my IEP team may need help with
in order to work well together:

Thinking About and Sharing My Dreams

STEP 2

My Name: _____

Age: _____

Grade: _____

Date: ____/____/____

Student Input Form

My favorite thing(s) to do is:

I want to learn to:

Activities, jobs, or careers I want to try are:

After high school I want to:

Who will support me to do these things?

Who will my friends be?

After I finish school I'd like to live:

How will I get around?

My dream for my future is:

About Me

The student completes this form.

Student Input Form

STEP 3

My Name: _____

Age: _____

Grade: _____

Date: ____/____/____

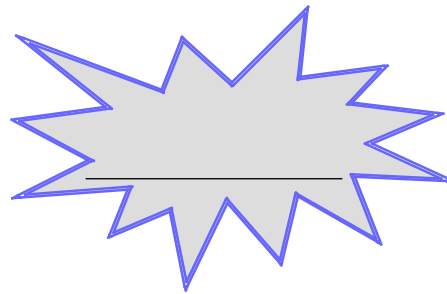
My friends include:

Things that are hard for me to do are:

I work best when I work:

- by myself
- in small groups
- with a partner
- other _____

What I love to do most is:



It helps me when I:

- have things read to me
- have extra time
- sit near the front of the room
- have help getting organized
- use a calculator
- use a computer
- other _____

I am good at the following classes, subjects:

It helps me when my teachers:

Activities I enjoy:

Things I do really well:

About Me

The student completes this form.

STEP 3

My Name: _____

Age: _____

Grade: _____

Date: ____/____/____

Student Input Form

What are some of the things students in my grade will be asked to learn that may be hard for me?

What are some life skills I need or want to learn?

(such as: getting along better with others, sticking with an activity until it is finished, handling money, getting a driver's license)

Have statewide testing options been explained to me?

Yes: ____ No: ____

How will I participate in statewide assessments?

Have diploma options been explained to me?

Yes: ____ No: ____

What diploma option is best for me and why?

Do any of the following special considerations apply to me? What are my educational needs in these areas?

Behavior support?

Limited English proficiency?

Braille?

Communication needs?

Assistive technology?

Center for Family Involvement

Partnership for People with Disabilities at Virginia Commonwealth University

It's About Me: A Step-by-Step Guide for Creating My IEP

My Educator's Worksheet

Give this worksheet to the teacher who is working with you on your IEP and ask him or her to fill it out to share with IEP team members.

STEP 3

Please provide information about this student.

My Name: _____

Age: _____

Grade: _____

Date: ____/____/____

How have I done on standardized tests and what are my scores?

How have I done on statewide standards tests and what are my scores?

How have I done on informal classroom assessments and what are my grades?

What are the state standards or aligned standards (learning objectives) for my grade level?
(Attach, or provide a Web link for the standards if the Web is accessible for student/parents and IEP team members.)

My IEP Team Members' Worksheet

Give this worksheet to your IEP team members and ask them to provide information about you.

STEP 3

My Name: _____

Age: _____

Grade: _____

Date: ____/____/____

Please provide information about this student.

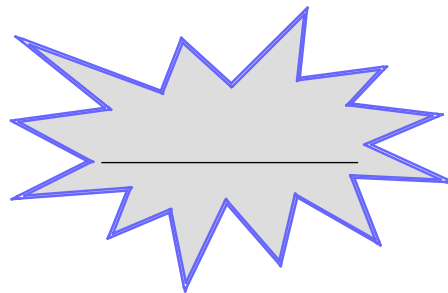
Friends:

Strengths:

Successes:

Study/Organizational Needs:

Biggest Motivator:



Challenges:

Special Considerations:

- Behavior support?
- Limited English proficiency?
- Braille?
- Communication needs?
- Assistive technology?

Successful Learning Strategies:

Health Needs:

Unique Instructional Needs:

Parent Concerns:

My Present Level of Performance

Complete this worksheet and ask for help if you need it. Ask each IEP team member to also complete this worksheet.

STEP 4

My Name: _____

Age: _____

Grade: _____

Date: ____/____/____

What is my Present Level of Performance?

My strengths: things about me that will help me do my best; my successes; my goals/dreams for my future.	
What are concerns my parents have for my education and my future?	
How does my disability make my learning what is taught in my grade level (general education curriculum) harder for me?	
What are the results of my testing (standardized, statewide, and classroom tests) and how have I done on IEP goals?	
If I have any special needs considerations (behavior, communication, etc.), how are they handled?	
What are my needs in preparing to transition to my next school setting and/or my life after school?	
What are my unique instructional needs (including academic and functional/life skill needs)?	

STEP 4

My Present Level of Performance

- From the information on the previous page of this worksheet, write a Present Level of Performance "story" about yourself.
- Ask all IEP team members to also draft a Present Level of Performance "story" for you.
- Have one IEP team member use all of the completed "stories" to draft a Present Level of Performance to become part of your IEP.

My Name: _____

Age: _____

Grade: _____

Date: _____ / _____ / _____

Developing My Goals and Identifying How My Progress Will Be Measured

Work with your parents and educators to draft some goals based on your needs and what you are expected to learn.

STEP 5

My Name: _____ Age: _____ Grade: _____ Date: _____ / _____ / _____

My Need: What do I need to learn? (You may want to read back through your PLoP.)	What am I supposed to learn? Are there grade-level standards or aligned standards* or skills linked to my need?	My Goal (include how the goal will be monitored and progress reported): In this area of need, what do I want to be able to do? How am I doing now, and how much do I want to improve by the end of the year? What instruction will I need to get to help me make this improvement? How will my improvement be measured and reported to me, my parents, and my teachers? (Objectives and benchmarks, steps in reaching the goal, are optional but are required for students participating in alternate assessment programs.) <i>For examples of goals, see p. 40</i>

* States may have Aligned Standards for students with disabilities whose IEP teams have determined that the appropriate state assessment is an alternate assessment program.

Determining My Services, Placement, Accommodations, and Date to Review My IEP

Put your ideas on this worksheet and ask other IEP team members to do the same. Then, work together to determine the services, placement, and accommodations you need.

STEP 6

My Name: _____

Age: _____

Grade: _____

Date: _____/_____/_____

Services I will need, how often, and for how long:

Special education services, related services, supplemental aids and services, least restrictive environment, placement

Accommodations and modifications I will need:

When will my IEP need to be reviewed/revised, and is there anything else to consider (e.g., behavior plan or extended school year)?

My Presentation About My IEP

(Share your completed sheets from previous pages or make handouts or a presentation of information you would like to share with your IEP team.)

My Name: _____
Age: _____
Grade: _____
Date: ____/____/____

Who am I?

What I like to do and what I do well:

What I need help with:

Some of My Goals:

