



**South Bend Community School Corporation  
Special Education Department  
IEP Revision**

Student: \_\_\_\_\_ STN: \_\_\_\_\_ Revise IEP of \_\_\_\_\_

Effective Dates: Begin date: \_\_\_\_\_ End date: \_\_\_\_\_

This document is to be used only when an IEP has been finalized for next school year, and the current IEP needs to be revised.

Can NOT use for eligibility, testing decisions, diploma/certificate track

When complete, upload this document into the IIEP under the Documents tab.  
Use the Notice from the IEP Forms page.

Use only the pages you need, and include only the pages you use.

Attach the pages of this document to the current IEP (NOT next year's IEP), and cross off the portions of the current IEP or make notations where changes have been made.

If you fill out these pages on your computer, you can directly upload the saved document into the Document section of IIEP. If you would like to have downtown upload the document, print out the EasyFAX Cover Sheet – General Fax form, and include it with all the paperwork from the conference when you send it downtown.

If decisions made at this conference will effectively change the future IEP, those changes must be made by you also.

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Date of Report: \_\_\_\_\_  
Individual Education Program

**Student:** \_\_\_\_\_ **STN:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

A date, time, and place for a Case Conference Committee meeting for the above student has been mutually agreed

Date: ~~~~~~~~~ \_\_\_\_\_ Time: ~~~~~~~~~ \_\_\_\_\_ Place: \_\_\_\_\_

**Purpose(s) of the meeting:**

~~AA~~ \_\_\_\_\_

I understand that a parent of a student with a disability has protection under the procedural safeguards which are provided with this notice and that I can request a copy of the procedural safeguards at any time. The procedural safeguards document includes a list of resources to contact for assistance in understanding the provisions of Indiana special education rules.

**Invited Individuals**

The following individuals will be invited to this meeting either because their attendance is required or because the public agency has determined that they have knowledge or special expertise regarding the student:

Position	Name	Additional Title	Email
Student	_____	_____	_____
Public Agency Rep	_____	_____	_____
Parent	_____	_____	_____
Teacher of Record	_____	_____	_____
General Ed Teacher	_____	_____	_____
Instructional Strategist	_____	_____	_____

A parent of a student with a disability has protection under the procedural safeguards which can be obtained on request and will be available at the annual case conference committee meeting. The procedural safeguards document includes a list of resources to contact for assistance in understanding the provisions of Indiana special education rules.

A parent may request the participation of any other individual whom the parent has determined has knowledge or special expertise regarding the student. For a student transitioning from First Steps, an invitation to the initial case conference committee meeting must be sent to a Part C representative at the request of the parent.

At the discretion of the parent, the student may attend. The student will be invited to the case conference meeting once the student is of the age to be preparing for transition to adulthood. When a student attains eighteen (18) years of age, all of the rights that were formally provided to the student's parents shall transfer to the student unless a guardianship order has been presented or an educational representative has been appointed.

Please acknowledge your plans by returning this form or by emailing a school representative above.

- I plan to attend.
- I request participation by other methods such as phone.
- I am unable to attend. Please reschedule. I have offered my availability on this form.
- I am unable to attend. Please convene the meeting without me. Following the meeting, please provide me with the Written Notice summarizing the discussion points, findings, and determinations of the Case Conference Committee.

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PARENT SIGNATURE

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DATE



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Date of Conference: \_\_\_\_\_ Location: \_\_\_\_\_

**Purpose of the conference:**

Revise

MDC

Other

Comments:

**Additional Supplemental Present Level Information**

**Include only pertinent information that is not already in the current/future IEP.**

General Introductory Statement:

Pertinent Information:

School Skills and Work Habits:

Social, Behavioral and Functional Skills:

Academic Progress:

Cognitive Functioning, Speech, Language:

How does the student's disability affect learning and progress in the general education curriculum?

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FOR MDC Conference:

Date of Incident: \_\_\_\_\_

Describe the alleged misconduct and the action taken as a result of this misconduct:

Was the conduct in question caused by, or had a direct and substantial relationship to the student's disability?

Yes -The conduct in question was caused by, or had a direct and substantial relationship to the student's disability.

No - The conduct in question was not caused by, or had a direct and substantial relationship to the student's disability.

Was the behavior in question the direct result of the public agency's failure to implement the student's Individualized Educational Program?

Yes –The conduct in question has been determined to be the direct result of the public agency's failure to implement the student's individualized education program.

Describe the deficiencies in implementing the student's individual education program and the immediate steps that the public agency will take to remedy these deficiencies

No -The conduct in question has been determined not to be the direct result of the public agency's failure to implement the student's individual educational Program.

The conduct \_\_\_\_ has \_\_\_\_ has not been determined to be a manifestation of the student's disability. If not, then disciplinary procedures apply to the student, and the student will continue to receive appropriate services.

Additional findings regarding manifestation determination:



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BIP Revision

**Behaviors of Concern:**

Participants:

1. What is the specific behavior of concern and how does it interfere with learning? (list only 1 behavior)
2. When, where and with whom does the behavior occur? Be specific.
3. How often does the behavior occur, and how long does it last?
4. What things seem to trigger the behavior?
5. What usually happens when this behavior occurs; reactions of peers/adults, consequences of the behavior?

**Academic accommodations, environmental modifications, positive reinforcement and/or discipline.**

6. What interventions have NOT been effective?
7. What interventions have helped improve behavior?
8. In what situations does the student behave most appropriately?
9. What reinforcers would the student prefer to support compliance in school?

**Functions of Behavior:**

1. Identify the predominant purpose/function the problem behavior appears to serve for the student:

Choose One:

- To gain
- To avoid
- To communicate
- Other

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2. Assess the student in these areas:

	Needs Instruction	Needs Support to Use	Performs Adequately
Demonstrates appropriate coping responses			
Able to use self-control			
Makes and keeps friends at school			
Has formed an appropriate relationship with one or more school staff			
Able to function adequately in classroom setting (can concentrate, retain information, satisfactory attendance, etc.)			

**Positive Strategies/Instructional Experiences**

1. Replacement Behavior:

2. Successive Teaching Steps: (Include WHO will teach, WHERE and HOW OFTEN)

3. Positive Programming and Reinforcement Strategies:

4. Redirection and De-escalation Strategies:

5. Environmental Modifications:

6. Progress Monitoring:

7. Consequences: Student will follow the Student Code of Conduct unless otherwise noted. You may want to consider the following:

8. Crisis Management Plan:

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**Annual Goal This goal is a new goal to replace goal:**

Title

Needs addressed through this annual goal

Annual Goal Statement:

If student is of transition age, which post-secondary goal(s) does this annual goal support?

- Employment
- Education and Training
- Independent Living (if required)

Method/Instrumentation for Measuring Progress:

Progress Monitoring Design:

- Descriptive Documentation
- Single Point
- Single Rubric
- Collection of Indicators

Standards aligned to this Annual Goal:

Progress Monitoring Parameters: (Please include Objectives, Benchmarks, Initial Dates and Values, Metrics, Frequency of Collection, and Rubric information required by the Progress Monitoring Design selected.)

If more than one goal is to be added to the IEP, please duplicate this page.

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Least Restrictive Environment

School of Legal Settlement

School of Service

Additional information regarding school of service:

LRE Placement Category based Federal Program Types:

<b>School Age (6-21) - Student <u>will be</u> Age 6+ as of next December 1st</b>	
50	Regular class 80% or more (In a regular classroom for 80% or more of the day)
51	Resource Room (In a regular class for 40% to 79% of the day)
52	Separate Class (In a regular class for less than 40% of the day)
53	Separate day school facility
54	Residential Facility
55	Correctional Facility
56	Parentally placed in private school
57	Homebound/hospital

If student's primary disability is ED:                      EDFT                      EDPT

Additional Descriptors

Harmful Effects



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General Considerations

Please consider the student's participation in general education and record any supplementary aids and services that are determined by the case conference committee to be appropriate and necessary in order to afford the student equal opportunity for participation with non-disabled students.

Student will be able to participate in all educational programs and activities available to non-disabled students.

Yes No

(If No, please state the exceptions and describe the reasoning for these exceptions:

Student will be able to participate in all non-educational and extracurricular activities available to non-disabled students.

Yes No

(If No, please state the exceptions and describe the reasoning for these exceptions:

Student will participate in the general physical education program available to non-disabled students.

Yes No

(If No, please state the exceptions and describe the reasoning for these exceptions:

Student will be educated in the school he or she would attend if not disabled.

Yes No

(If No, please state the exceptions and describe the reasoning for these exceptions:

The length of the instructional day will be the same as the instructional day for non-disabled peers.

Yes No

(If No, please state the exceptions and describe the reasoning for these exceptions:

Participants

The following individuals participated in the case conference committee meeting. Those individuals identified as Teacher of Record, General Education Teacher, Public Agency Rep and Instructional Strategist attended the entire meeting unless parental excusal was obtained before the meeting.

Table with 3 columns: Position, Name, Additional Title. Multiple rows for data entry.

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**Notice of Implementation**

I have been presented with a copy of the Individualized Education Program (IEP) which contains:

- 1) A description of the action proposed by the public agency;
- 2) An explanation of why the public agency proposed to take the action;
- 3) A description of each evaluation, procedure, assessment, record, or report the agency used as a basis for the proposed action;
- 4) A description of other options that the case conference committee considered and the reasons why those options were rejected; and
- 5) A description of other factors relevant to the agency’s proposal.

I understand that the public agency is not required to obtain a written parental consent and can implement this IEP ten (10) instructional days after the provision of this notice unless I challenge the proposed action by:

- Requesting and participating in a meeting with an official of the public agency who has the authority to facilitate the disagreement between the parent and the public agency regarding the action proposed or refused by the public agency.
- Securing an agreement for mediation under 511 IAC 7-45-2.
- Requesting a due process hearing under 511 IAC 7-45-3.

In the case of an initiation date that is prior to expiration of ten (10) instructional days, I give my consent to implement the IEP.

**CONSENT TO IMPLEMENT IEP**

I have been provided with the Notice of Implementation and a copy of the proposed IEP. I give my consent for the School to implement the IEP in accordance with the initiation date that is prior to the expiration of ten (10) instructional days from the date the Notice and proposed IEP were provided to me.

\_\_\_\_\_  
**Sign**

\_\_\_\_\_  
**Date**

I understand that a parent of a student with a disability has protection under the procedural safeguards which are provided with this notice and that I can request a copy of the procedural safeguards at any time. The procedural safeguards document includes a list of resources to contact for assistance in understanding the provisions of Indiana special education rules.

\_\_\_\_\_  
**Sign**

\_\_\_\_\_  
**Date**



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Written Notes and Other Relevant Factors: