

Modified Individualized Education Program

Name of Student:		Date of Birth:	M.I.E.P. Date:
School:		District/Conference:	Grade:
Gender: M F	Native Language:	Name of Parent/Guardian:	
Home Phone:	Work Phone:	Cell Phone:	
Home Address:			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

Indicate Disability/s:

Describe how student's disability affects involvement and progress in general curriculum:

Present Levels of Performance

Strengths/Interests:

Concerns of parent relevant to educational progress:

Academic Skills:

Communication Skills:

Gross/Fine Motor Skills:

Social-Emotional/Behavioral:

Areas of need to be addressed:

Summary of Testing:

Name of Student:

Date of Birth:

Grade:

Modifications to Curriculum

Subject	Modifications	Teacher/Placement

Name of Student: _____ Date of Birth: _____ Grade: _____

Classroom Accommodations

The following are reasonable and appropriate classroom accommodations will be made throughout the day and during classroom test and standardized test administration. Check all that apply.

Testing Modifications	Assignment Modifications	Equipment Modifications
<input type="checkbox"/> Provide Review sheet/study guide for tests <input type="checkbox"/> One major test per day <input type="checkbox"/> Extended time <input type="checkbox"/> Separate room <input type="checkbox"/> Mark answers directly in test booklet <input type="checkbox"/> Oral administration of test <input type="checkbox"/> Questions read aloud to student <input type="checkbox"/> Oral responses to essay questions <input type="checkbox"/> Short answers accepted for lengthy essays <input type="checkbox"/> Provide word bank <input type="checkbox"/> _____	<input type="checkbox"/> Answer only odd/even questions <input type="checkbox"/> Project accepted for major written assignments <input type="checkbox"/> Shorten assignments as necessary to ensure success and retention of information <input type="checkbox"/> Allow additional time to complete tasks <input type="checkbox"/> Study carrel for quiet work space <input type="checkbox"/> Seat student near teacher <input type="checkbox"/> Reduce homework assignments <input type="checkbox"/> Teacher checks first few problems of assignments <input type="checkbox"/> Fewer problems on worksheets-reduce amount of visual information <input type="checkbox"/> Allow student to dictate longer assignments <input type="checkbox"/> _____	<input type="checkbox"/> Electronic Speller <input type="checkbox"/> Use of computer (spell check) <input type="checkbox"/> Multiplication chart <input type="checkbox"/> Calculator <input type="checkbox"/> Highlighted reading materials <input type="checkbox"/> Portable word processor <input type="checkbox"/> Textbooks on tape <input type="checkbox"/> _____
Attention/Behavior Modifications <input type="checkbox"/> Set up behavior contract <input type="checkbox"/> Reward system for appropriate behavior <input type="checkbox"/> Check backpack for all necessary materials before student leaves school <input type="checkbox"/> Parent checks backpack for needed materials before school <input type="checkbox"/> _____	Grading Modifications <input type="checkbox"/> Grade on content only – do not mark off for spelling or mechanics <input type="checkbox"/> Adjust performance criteria based on mastery level(s) <input type="checkbox"/> _____	Organizational Modifications <input type="checkbox"/> Proximity seating (in front) <input type="checkbox"/> Daily assignment log <input type="checkbox"/> Copies of notes <input type="checkbox"/> Alert to directions <input type="checkbox"/> Highlight key words in written directions <input type="checkbox"/> Give short, simple directions <input type="checkbox"/> Repeat directions as often as needed <input type="checkbox"/> Give oral and written directions <input type="checkbox"/> Provide extra set of textbooks at home <input type="checkbox"/> Use graph paper for math <input type="checkbox"/> Study carrel <input type="checkbox"/> _____

Signature and Consent

Name of Student: _____

Date: _____

MIEP Meeting Participants

_____/_____/_____
Administrator Date

_____/_____/_____
Special Education Specialist Date

_____/_____/_____
Student Date

_____/_____/_____
Additional Participant/Title Date

_____/_____/_____
General Education Teacher Date

_____/_____/_____
Additional Participant/Title Date

_____/_____/_____
General Education Teacher Date

_____/_____/_____
Additional Participant/Title Date

Parent Consent (Please initial areas of agreement)

_____ I participated in the development of the MIEP

_____ I agree to all parts of the MIEP **or** I agree with the MIEP with the exception of _____

_____ I understand I have the right to request a MIEP meeting if I have concerns about my child's progress.

Signature _____
 Parent Guardian

Date _____/_____/_____

Signature _____
 Parent Guardian

Date _____/_____/_____