

Individual Education Plan (IEP)

Autism Spectrum Disorder Sample

Student Name

Enter student name

Date of Birth

School / Grade

School / Grade

IEP Start Date

IEP Review Date

Strengths

E.g., Visual learning, memory skills, interest in computers, attention to detail

Needs

E.g., Social communication, sensory regulation, organizational skills

Current Levels of Performance

Academic, social, sensory, and behavior performance summary

Annual Goals & Objectives

Goal Area	Annual Goal	Short Term Objectives	Progress Criteria
Communication	Increase use of appropriate	1. Respond to greetings 2.	80% of opportunities over 4
Social Skills	Enhance ability to work in g	1. Participate in group task	Join group tasks in 3 of 4 o

Accommodations & Supports

E.g., Visual schedules, sensory breaks, preferential seating, use of AAC device

Assessment Methods

E.g., Teacher observation, work samples, communication logs

Team Members

Name	Role
Name	Role
Name	Role