

# 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 tasks	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