

IEP Document Outline: Intellectual Disability

1. Student Information

Student Name: _____

Date of Birth: _____

School Year: _____

Grade: _____

IEP Meeting Date: _____

2. Team Members

- _____
- _____
- _____

3. Present Levels of Academic Achievement and Functional Performance

4. Strengths of the Student

5. Parent/Guardian Concerns

6. Impact of Disability on Involvement in General Education

7. Measurable Annual Goals

1. Goal:

How goal will be measured:

2. Goal:

How goal will be measured:

8. Specially Designed Instruction

9. Related Services

10. Supplementary Aids and Services

11. Participation with Non-Disabled Peers

12. State and District-wide Assessments

13. Transition Plan (if applicable)
