

Individualized Education Plan (IEP) Specific Learning Disability (SLD) Sample

Student Name:

Date of Birth:

IEP Date:

School:

Grade:

IEP Team Members:

1. Present Levels of Academic Achievement & Functional Performance

2. Strengths of the Student

3. Area(s) of Need Related to SLD

4. Annual Goals & Objectives

Goal Area	Annual Goal	Short-Term Objectives	Evaluation Criteria/Methods
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5. Specially Designed Instruction & Accommodations

6. Related Services

7. Participation with Non-Disabled Peers

8. Progress Monitoring & Reporting

Signatures

Parent/Guardian:

General Educator:

Special Educator:

Other: