

Individual Education Plan (IEP) - Visual Impairment

Student Information

Name:		Date of Birth:	
School:		Grade/Year:	
IEP Meeting Date:		Review Date:	
Parent/Guardian:		Teacher:	

Vision Information

Diagnosis:

Functional Vision:

Assistive Devices/Supports Used:

Present Levels of Performance

Academic Skills:

Social/Behavioral Skills:

Orientation & Mobility:

Self-Advocacy:

Annual Goals

- Goal 1:
- Goal 2:

Short-Term Objectives

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Support Services and Accommodations

- Resource Teacher Support:
- Braille Instruction:
- Large Print Materials:
- Assistive Technology:
- Modified Assignments:
- Other:

Participation in General Education

Assessment

Signatures

IEP Team Member	Role	Signature	Date

