



IEP BREAKDOWN TOOL

Date of Review: _____ Navigator: _____

STUDENT INFORMATION

Student Name: _____ Annual IEP Date: _____

Age: _____ Current School: _____ Grade: _____

Primary Disability: _____

Areas Affected by Disability

Area Affected:	Specific Need:

*Verify all areas affected by disability (listed above) are shown in PLAAFP. Document basis for disability, should be in PLAAFP. A=Academic, B=Behavioral, F=Functional, H= Health, P=Physical



SECTION I: MEETING AND IDENTIFYING INFORMATION

Continued Evaluation Eligibility Data

DATE:	ASSESSMENTS:	NEED/RECOMMENDATIONS:

Participation on District/Statewide Assessments: List assessments in which student will participate.

ASSESSMENTS:	NEED/RECOMMENDATIONS:	Agree?

Student is Pursuing: Diploma Certificate Bridge



SECTION II. PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (PLAAFP):

Verify information matches most recent assessments (Prior IEP, level of instruction)

Area of Need: A=Academic, B=Behavioral, F=Functional, H=Health, P=Physical

Area:	Academic Need:	Instructional Grade Level Performance:	Source and Date:	Previous Year Level of Performance:

*Did parent review data used to make informal assessments?



*Compare PLAAFP to Goals, all should be carried over

SECTION II. PLAAFP, PARENTAL INPUT *As the PLAAFP Parental Input is Currently Written

***You will complete this process twice, first from the written IEP, then based on your vision of the strengths and needs of your child.** Who wrote IEP Parental Input? Parent School

1. Summarize Parental Input regarding the student’s educational program?

2. Goals for your student’s next year?

3. Favorite hobbies and activities for your student?



II. PLAAFP Parental Input, continued:

5. What are the student’s strengths, interests and significant personal attributes, and personal accomplishments? (Include post school preferences and activities if appropriate.)

6. How does the student’s disability affect his/her involvement in the general education curriculum?

7. Any additional Parental Concerns, not previously reflected in IEP?



II. PLAAFP Parental Input: *What YOU would like to add or include to the PLAAFP Parent Input

1. What is YOUR Parental Input regarding the student’s current educational program?

2. Goals for your student’s next year?

3. Favorite hobbies and activities for your student?



II. PLAAFP Parental Input, continued:

4. What are the student’s strengths, interests and significant personal attributes, and personal accomplishments? (Include post school preferences and activities if appropriate.)

5. How does the student’s disability affect his/her involvement in the general education curriculum?

7. Any additional Parental Concerns, not previously reflected in IEP?



***Formal Assessments:** Use the documents you gathered from inside or outside of the school system. School is required to consider all data. If they deny, they must provide Prior Written Notice (PWN) stating the reason of denial.

***Review all identifying Information and PLAAFP, Data does not need to come from the IEP.**

DATE:	ASSESSMTS:	NEEDS/RECOMMENDATIONS:	Prior Data?	In PLAAFP?



SECTION III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS:

Communication: _____

Assistive Technology: _____

Instructional and Accessibility Features: _____

Instructional and Assessment Accommodations: _____

Supplementary Aids and Services: _____

Accommodations:

Nature of Service	Anticipated Frequency	Clarify location and manner

Nature of Service	Frequency	Clarify location and manner



SECTION III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS, Continued:

TRANSITION: (Students 14 and older must have a transition plan, updated annually)

Is student of Transition age? (14 or older) Date of Student Interview: _____

Postsecondary Goals (Outcomes):

Employment: _____

Training: _____

Independent Living: _____

Course of Study (to support the stated postsecondary goals): _____

Discussion to support decision: _____

Projected Category of Exit

- Maryland High School Diploma
 - 2 credits of Foreign Language
 - 2 credits of Advanced Technology
 - 4 credits of Career and Technology Program
- Certificate of Completion when student turns 21
- Certificate of Completion before student turns 21 (parent and student choice)

Projected Date of Exit: _____ *Decision made by school or family: _____

Student is enrolled in the following Functional and Skill Development Activities: _____

Projected Category of Exit: _____ Projected Date of Exit: _____

Transition Goals:	Objectives:	Responsible Party:



TRANSITION, Continued

*Student can have transition goals for employment, independent living and functional life skills.

*By age 14, parents should ensure that Pre-ETS application/referral has been completed for the student with DORS.

Discussion to support Decision, *Do you agree? YES NO

Projected Category of Exit: Diploma Certificate

Projected Date of Exit: _____ *Do you agree with exit plan? YES NO

*Did you receive a Transition Services Planning Guide? YES NO

*By age 14, Parents should complete a DDA, DORS and/or Pre-ETS application.

*BHA (Behavioral Health Administration is only appropriate for students who have mental health diagnoses without a Developmental Disability.

DORS application completed? _____

DDA application completed? _____

Pre-ETS application completed? _____

*If any applications need to be completed, add to your Outside of School Action Plan



SECTION IV. GOALS

Goals are intended to be written as SMART Goals, meaning they should be Specific, Measurable, Achievable (within 12 months), Realistic, Time-bound and Objective.

Objectives are intermediate steps to meet the goal. Each goal should have a minimum of 2 objectives. They may be building blocks, precursory, sequential or parallel.

Goals:	Objectives:	Eval. Method	*ESY? Y N	Responsible Party/ies:



SECTION V. SERVICES

Special Education and Related Services

Service Nature	Service Description				
	Location of Service:	No. of Sessions:	Length of Time:	Frequency:	Provider:



SECTION VI. PLACEMENT DATA

Least Restrictive Environment (LRE)

What placement options were considered?

Do you agree with placement plan? YES NO

Document why you disagree with Placement Plan. Were you given an opportunity to discuss placement during your IEP meeting? _____



SECTION VII. IEP Action Plan Changes to be made to the IEP based on completion of the IEP Review Tool.

*Date of IEP meeting Discussions _____

IEP Section	Action Item	Accepted/Rejected?	Date to be Implemented	Person Responsible	Date Completed

