#### INSERT SOP NAME

INDIVIDUALIZED EDUCATION PROGRAM

**SERVICES – LEAST RESTRICTIVE ENVIRONMENT – PLACEMENT**

**Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SERVICES**: Services noted below are to be provided to the student or on behalf of the student, to enable the student to advance appropriately toward attaining annual goals, to be involved and progress in the general curriculum to the extent appropriate, and to be educated and participate with peers without disabilities to the extent appropriate.

|  |  |  |  |
| --- | --- | --- | --- |
| **Special Education & Related Services** | **Frequency** | **Location**  **(Instructional Setting)** | **Duration**  **m/d/y to m/d/y** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**Placement Decision & Least Restrictive Environment Justification Summary:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Extended School Year**: YES NO Not Yet Determined ⁭

*If Yes, ESY forms must be completed.*

**PRIOR NOTICE**

The school division proposes to implement this IEP. This proposed IEP will allow the student to receive a free appropriate public education in the least restrictive environment. This decision is based upon a review of current records, current assessments, and the student’s performance as documented in the Present Level of Academic Achievement and Functional Performance. Other options considered, if any, and the reason(s) for rejection are attached, or can be found in the Placement Decision and Least Restrictive Environment Justification Summary of this IEP. Additionally, other factors, if any, that are relevant to this proposal are attached. Parent and adult student rights are explained in the Procedural Safeguards. If you, the parent(s) and adult student, need another copy of the Procedural Safeguards or need assistance in understanding this information, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_ or e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_ or e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 \_\_\_\_ Parent(s) initials here indicate that the parent(s) has read the above prior notice and attachments, if any, before giving permission to implement this IEP and the placement decision.

**PARENT/ADULT STUDENT CONSENT**: Indicate your response by checking the appropriate space and sign below.

\_\_\_ I **give** permission to implement this IEP and the placement decision.

 \_\_\_ I **do not give** permission to implement this IEP and the placement decision.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature or Adult Student Signature (if appropriate) Date

CONFIDENTIAL