

## Individualized Education Program (IEP) Summary of Services Matrix

Student Jason Patterson Student # 49 Grade 1 Age 8 y 0 m

Service	Initiation Date	Frequency (i.e minutes per week)	Location of Service (setting)	Duration	Staff Responsible for Delivering Service
<b>Special Education</b> ( <i>specialty designed instruction</i> ):					
<b>Related Services</b> ( <i>i.e. – speech, motor, counseling, vision/hearing, transportation, interpreting services, orientation/mobility, etc.</i> ):					
<b>Supplementary Aids and Services</b> ( <i>allows student to be educated with non-disabled peers to the maximum extent in general education or other educational setting</i> ):					
<b>Program Modifications or Support for School Personnel</b> ( <i>i.e.–staff development/training, technical assistance, etc.</i> ):					
<b>A.</b>		= Total building instructional minutes per week (excluding lunch time)			
<b>B.</b>		= Total minutes per week student is served <u>in a special education setting</u>			
		= % of time spent in general education setting (A minus B divided by A)			

### Least Restrictive Environment

**PURPOSE:** The purpose of this page is to document the extent to which the student will be involved and progress in the general curriculum, participate in extracurricular and nonacademic activities and be educated and participate with other special education students and non-disabled students. Other education-related factors that may impact the student should also be considered.

<b>Students ages 6 and above (check one):</b>		<b>POINTS TO CONSIDER:</b>  Children should be educated with non-disabled peers to the maximum extent appropriate.  The IEP Team, including the parent(s), is responsible for determining the educational placement of the child.  Refer to the percentage of time spent in a general education setting found at the bottom of the Summary of Services Matrix to complete this section.
<input type="checkbox"/> In general education setting <b>80 to 100%</b> of the time <input type="checkbox"/> In general education setting <b>40 to 79%</b> of the time <input type="checkbox"/> In general education setting <b>0 to 39%</b> of the time <input type="checkbox"/> In separate day school (public or private) <input type="checkbox"/> Residential facility (public or private) <input type="checkbox"/> Homebound/Hospital <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Home-School/parentaly-placed private school		
<b>Students ages 3 to 5 (check one):</b>		
<p>*Early Childhood Setting means a program outside the child's home that includes at least 50% children without disabilities (such as Head Start, Kindergarten, private preschool, group child care, etc.)</p> <input type="checkbox"/> In Early Childhood setting <b>80 to 100%</b> of the time <input type="checkbox"/> In separate day school (public or private) <input type="checkbox"/> In Early Childhood setting <b>40 to 79%</b> of the time <input type="checkbox"/> Residential facility (public or private) <input type="checkbox"/> In Early Childhood setting <b>0 to 39%</b> of the time <input type="checkbox"/> Home <input type="checkbox"/> Separate Class <input type="checkbox"/> Service Provider Location		
<p>An explanation of the extent, if any, to which the student will not participate with nondisabled students in the general education class, and in nonacademic and extracurricular activities, including a description of any adaptations needed for participation in physical education:</p>		

### Other Considerations

1. Does this student require special transportation?	<input type="radio"/> Yes <input type="radio"/> No	If yes, describe (if not already addressed on the service matrix):
2. Does this student require Extended School Year (ESY) services?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> To be determined by the IEP team by:	If ESY is determined by the IEP team to be necessary, complete and attach the ESY addendum.
3. Does the student's behavior negatively impact his/her learning or the learning of others?	<input type="radio"/> Yes <input type="radio"/> No	If yes, consider the student's need for positive behavioral supports/ interventions, a Functional Behavioral Assessment, and/or a Behavioral Intervention Plan.
4. Does this student require the use of aversive interventions?	<input type="radio"/> Yes <input type="radio"/> No	If yes, complete and attach the Aversive Intervention Plan addendum.
5. Are there any other factors not already addressed (such as medical concerns or other issues) or other adaptations needed?	<input type="radio"/> Yes <input type="radio"/> No	If yes, describe: