



## Golden Hills Individualized Program Plan (Adapted Program)

This document is designed for students who require outcomes or grade level resources outside of their expected grade level curriculum. Individualized goals are designed to support the student's growth in areas outside of the Program of Studies. Specialized accommodations may also be used to support their learning.

General Information:	
<b>Student:</b> <b>Date of Birth:</b> <b>Age:</b> <b>School:</b> <b>Grade:</b>	<b>Special Education Code:</b> <b>Parent(s)/Guardian(s):</b> <b>IPP Created By:</b> <b>Implementation Date:</b>
Program Description:	
Parental Input and Involvement:	

<b>Strengths:</b>	<b>Challenges:</b>
<b>Medical Conditions That Impact Schooling:</b>	<b>Coordinated Support Services:</b>

<b>Most Recent Assessment Data:</b>		
<b>Date</b>	<b>Type</b>	<b>Findings</b>

Current Level of Curriculum-Based Achievement:	Progress:

<b>Specialized Accommodations:</b>		
<b>Type:</b>		<b>Required for:</b>
	Reader/Audio	
	Text-to-Speech	
	Scribe/Transcriber of Recorded Responses	
	Speech-to-Text	
	Frequent Breaks	
	Braille	
	Covered Paper and Overlays	
	Ambient Noise	
	Large Print	
	Sign Language Interpreter	
	10 x 10 Multiplication Table	
	Unique Accommodations (please list):	

<b>Essential Universal Accommodations:</b>

<b>Goal:</b>		
<b>Short-Term Objectives</b>	<b>Assessment Procedures</b>	<b>Progress Review</b>

**Year-End Summary:**

**Transition Plan:**

**Initial:**

I understand and agree with the information contained in this Individualized Program Plan.

\_\_\_\_\_  
Parent(s)/Guardian(s)

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date:

**Mid-Year:**

I understand and agree with the information contained in this Individualized Program Plan.

\_\_\_\_\_  
Parent(s)/Guardian(s)

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date:

**Year-End:**

I understand and agree with the information contained in this Individualized Program Plan.

\_\_\_\_\_  
Parent(s)/Guardian(s)

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date: