



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

STUDENT NAME: DATE OF BIRTH:	DISABILITY CLASSIFICATION: 必填残疾类别 (只能选择 13 种 IEP 分类中 对学习影响最大的一类)
PROJECTED DATE IEP IS TO BE IMPLEMENTED:	PROJECTED DATE OF ANNUAL REVIEW:

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS 学生当前的学习与发展表现水平

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

评估是对您的孩子进行的测试、考试或活动。这些评估包括：心理教育评估、语言与言语评估、物理治疗与职业治疗评估、体检、医疗信息、课堂观察、功能性行为评估、过渡评估，以及州和学区的评估。

EVALUATION RESULTS (INCLUDING FOR SCHOOL-AGE STUDENTS, PERFORMANCE ON STATE AND DISTRICT-WIDE ASSESSMENTS)

请描述您孩子目前在家庭、社区和学校中的日常生活技能的情况。

ACADEMIC ACHIEVEMENT, FUNCTIONAL PERFORMANCE AND LEARNING CHARACTERISTICS

LEVELS OF KNOWLEDGE AND DEVELOPMENT IN SUBJECT AND SKILL AREAS INCLUDING ACTIVITIES OF DAILY LIVING, LEVEL OF INTELLECTUAL FUNCTIONING, ADAPTIVE BEHAVIOR, EXPECTED RATE OF PROGRESS IN ACQUIRING SKILLS AND INFORMATION, AND LEARNING STYLE:

您的孩子在哪些学科表现好？他们喜欢哪些学科？哪种学习方式最适合他们？他们在学校外喜欢做哪些活动？

STUDENT STRENGTHS, PREFERENCES, INTERESTS:

孩子不喜欢哪些学科？在哪些学科方面存在困难？请分享您对孩子学业方面的担忧和需求。

ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:

<p>描述您的孩子与同龄人和成人相处的情况。他们对自己和他人感觉如何？他们是否适应学校和社区环境？</p> <p>您的孩子在人际交往中擅长什么？在学校外、娱乐或社区经验中，什么对他们是有有效的？</p> <p>请分享孩子在人际交往中遇到哪些困难。请分享您对孩子社交发展方面的担忧。</p>	<p>SOCIAL DEVELOPMENT THE DEGREE (EXTENT) AND QUALITY OF THE STUDENT'S RELATIONSHIPS WITH PEERS AND ADULTS; FEELINGS ABOUT SELF; AND SOCIAL ADJUSTMENT TO SCHOOL AND COMMUNITY ENVIRONMENTS:</p> <p>STUDENT STRENGTHS:</p> <p>SOCIAL DEVELOPMENT NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:</p>
<p>请描述孩子的身体发展，包括大动作和精细动作技能、健康状况、体力以及可能影响学习表现的身体条件或限制。</p> <p>孩子是否参加任何体育活动？可以是在学校或课外。他们有哪些健康习惯？</p> <p>您对孩子的健康状况或身体限制有哪些担忧？</p>	<p>PHYSICAL DEVELOPMENT THE DEGREE (EXTENT) AND QUALITY OF THE STUDENT'S MOTOR AND SENSORY DEVELOPMENT, HEALTH, VITALITY AND PHYSICAL SKILLS OR LIMITATIONS WHICH PERTAIN TO THE LEARNING PROCESS:</p> <p>STUDENT STRENGTHS:</p> <p>PHYSICAL DEVELOPMENT NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:</p>
<p>请说明教师、相关服务人员和支持人员需要提供哪些帮助，以支持孩子从教育中受益。这些支持可能包括环境调整、人力协助或替代教学材料。</p>	<p>MANAGEMENT NEEDS THE NATURE (TYPE) AND DEGREE (EXTENT) TO WHICH ENVIRONMENTAL AND HUMAN OR MATERIAL RESOURCES ARE NEEDED TO ADDRESS NEEDS IDENTIFIED ABOVE:</p>

<p>孩子的障碍如何影响他/她在普通教育课程中的参与和进步？</p> <p>请举例说明孩子在“最不受限制环境”中取得成功的情况。</p>	<p>EFFECT OF STUDENT NEEDS ON INVOLVEMENT AND PROGRESS IN THE GENERAL EDUCATION CURRICULUM OR, FOR A PRESCHOOL STUDENT, EFFECT OF STUDENT NEEDS ON PARTICIPATION IN APPROPRIATE ACTIVITIES</p>
<p>STUDENT NEEDS RELATING TO SPECIAL FACTORS BASED ON THE IDENTIFICATION OF THE STUDENT'S NEEDS, THE COMMITTEE MUST CONSIDER WHETHER THE STUDENT NEEDS A PARTICULAR DEVICE OR SERVICE TO ADDRESS THE SPECIAL FACTORS AS INDICATED BELOW, AND IF SO, THE APPROPRIATE SECTION OF THE IEP MUST IDENTIFY THE PARTICULAR DEVICE OR SERVICE(S) NEEDED.</p>	
<p>学生是否需要包含积极行为干预、支持和其他策略的方案，以应对影响其自身或他人学习的行为？是否需要制定行为干预计划？</p>	<p>Does the student need strategies, including positive behavioral interventions, supports and other strategies to address behaviors that impede the student's learning or that of others? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the student need a behavioral intervention plan? <input type="checkbox"/> No <input type="checkbox"/> Yes:</p>
<p>对于英语能力有限的学生，他们是否在学习英语？如果是，母语是否使语言学习变得困难？是否需要特殊教育服务来满足 IEP 相关的语言需求？</p>	<p>For a student with limited English proficiency, does he/she need a special education service to address his/her language needs as they relate to the IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>
<p>对于失明或视力严重受损的学生，他们是否需要学习和使用盲文来阅读？</p>	<p>For a student who is blind or visually impaired, does he/she need instruction in Braille and the use of Braille? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>
<p>孩子是否存在沟通困难？是否有技术设备可以帮助他们进行有效沟通？</p> <p>如果孩子听力受损，使用手语翻译或其他策略是否有助于他们在课堂上更好地学习？</p>	<p>Does the student need a particular device or service to address his/her communication needs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>In the case of a student who is deaf or hard of hearing, does the student need a particular device or service in consideration of the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>
<p>孩子是否需要辅助技术设备或服务？如果需要，委员会是否建议在家庭中也使用这些设备？</p>	<p>Does the student need an assistive technology device and/or service? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, does the Committee recommend that the device(s) be used in the student's home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

BEGINNING NOT LATER THAN THE FIRST IEP TO BE IN EFFECT WHEN THE STUDENT IS AGE 15 (AND AT A YOUNGER AGE IF DETERMINED APPROPRIATE)

MEASURABLE POSTSECONDARY GOALS 可衡量的高中毕业后生活目标

LONG-TERM GOALS FOR LIVING, WORKING AND LEARNING AS AN ADULT

您对孩子高中毕业后的生活有哪些期望？您希望他们上大学，还是接受其他形式的培训？

您希望孩子未来从事什么类型的工作？

您是否认为需要设定目标，以帮助孩子将来实现独立生活？

EDUCATION/TRAINING:

EMPLOYMENT:

INDEPENDENT LIVING SKILLS (WHEN APPROPRIATE):

请思考您为孩子设定的长期目标。为了实现这些目标，他们需要学习哪些技能？又需要哪些方面的支持？

TRANSITION NEEDS

In consideration of present levels of performance, transition service needs of the student that focus on the student's courses of study, taking into account the student's strengths, preferences and interests as they relate to transition from school to post-school activities:

MEASURABLE ANNUAL GOALS 学生在本学年应达成的可衡量目标

THE FOLLOWING GOALS ARE RECOMMENDED TO ENABLE THE STUDENT TO BE INVOLVED IN AND PROGRESS IN THE GENERAL EDUCATION CURRICULUM, ADDRESS OTHER EDUCATIONAL NEEDS THAT RESULT FROM THE STUDENT'S DISABILITY, AND PREPARE THE STUDENT TO MEET HIS/HER POSTSECONDARY GOALS.

<p>ANNUAL GOALS WHAT THE STUDENT WILL BE EXPECTED TO ACHIEVE BY THE END OF THE YEAR IN WHICH THE IEP IS IN EFFECT 年度目标</p>	<p>CRITERIA MEASURE TO DETERMINE IF GOAL HAS BEEN ACHIEVED 标准</p>	<p>METHOD HOW PROGRESS WILL BE MEASURED 方法</p>	<p>SCHEDULE WHEN PROGRESS WILL BE MEASURED 时间表</p>
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<p>孩子在本学年内可以设定哪些学习或发展目标？这些目标应基于其当前的能力和具体需求。</p> <p>“标准”指学生在多长时间内、以什么程度完成某项技能，表示已达到学习目标。</p> <p>“方法”指如何收集学生学习进展的数据，例如使用图表、观察记录、检查清单或教师编制的评量工具。</p> <p>“时间表”指评估学生目标进展的频率，通常为定期进行，以便根据学生的情况及时做出调整。此时间表不同于常规的成绩单或报告卡。</p>				
	<p>这部分信息将在 IEP 会议结束后由学校团队填写。</p>			

REPORTING PROGRESS TO PARENTS 向家长定期汇报学习进展	
<p>这部分信息将在 IEP 会议结束后由学校团队填写。</p>	<p>Identify when periodic reports on the student's progress toward meeting the annual goals will be provided to the student's parents:</p>

RECOMMENDED SPECIAL EDUCATION PROGRAMS AND SERVICES 为学生推荐的特殊教育项目与支持服务

本部分将列出孩子为实现目标所需的所有特殊教育服务，以支持他们的成功。这一部分在 CPSE/CSE 会议召开前不得填写。

SPECIAL EDUCATION PROGRAM/SERVICES	SERVICE DELIVERY RECOMMENDATIONS *	FREQUENCY HOW OFTEN PROVIDED	DURATION LENGTH OF SESSION	LOCATION WHERE SERVICE WILL BE PROVIDED	PROJECTED BEGINNING/ SERVICE DATE(S)
<p>SPECIAL EDUCATION PROGRAM:</p> <p>Consultant Teacher or Integrated Co-teaching Classroom (协同教学班：普通课堂中有特殊教育教师协助主课教师。)</p> <p>Resource room (资源教室：每天从常规教室中抽出一段时间，与特殊教育老师进行小组学习。)</p> <p>Special Class (特殊班：仅由特殊教育学生组成的教室。)</p>	<p>这部分信息将在 IEP 会议结束后由学校团队填写。</p>				

这些服务可能在普通教育教室、特定学科教室或特殊教育环境中提供。

*如适用，请注明班级规模（学生与工作人员的最大比例）、使用语言（如非英语）、小组或个别服务形式，以及直接或间接的协作教师服务或其他服务。

<p>以下是您孩子在课堂之外可能接受的一些服务项目。</p> <ul style="list-style-type: none"> • 言语治疗 • 心理咨询 • 物理治疗 • 职业治疗 • 护理服务 • 辅助技术服务 • 其他 	<p>RELATED SERVICES: CHECK ONE BELOW</p> <p>Speech Counseling Physical therapy Occupational Therapy Nursing services Assistive Technology services Other</p>					
<p>哪些服务可以帮助您的孩子在普通课堂中顺利学习？他们可能需要哪些额外的支持？ 例如：</p> <ul style="list-style-type: none"> • 提供课堂笔记的复印件 • 其他格式的教材（例如能朗读文本的技术或盲文） • 测验或考试的额外时间 • 行为调节或支持计划 • 完成作业的额外时间或灵活期限 • 优先或特别座位安排 • 组织与计划策略（如任务分解、使用提示工具等） 	<p>SUPPLEMENTARY AIDS AND SERVICES/PROGRAM MODIFICATIONS/ACCOMMODATIONS :</p> <p>Copy of class notes Books in other formats (例如能朗读文本的技术或盲文) Extra time on tests or to go between classes class Organization strategies A plan to help me control my behavior Extra time to finish assignments Other Preferential seating 优先座位</p>					

本项内容将在会议结束后由学校团队填写。

本项内容将在会议结束后由学校团队填写。

<ul style="list-style-type: none"> • 行为干预计划 • 额外时间 	<p>安排 (在教室中为孩子安排有利于专注、听力或视觉的座位)</p> <p>Organization Strategies</p> <p>Behavior plan</p> <p>Extra time (用于完成测试或作业)</p>					
<p>是否有技术工具可以帮助孩子在学习中更具独立性? (不包括医疗设备)</p>	<p>ASSISTIVE TECHNOLOGY DEVICES AND/OR SERVICES:</p>					
<p>教师可能需要接受哪些培训来更好地支持孩子? 例如关于自闭症、辅助技术或行为干预的培训等。</p>	<p>SUPPORTS FOR SCHOOL PERSONNEL ON BEHALF OF THE STUDENT:</p>					
		<p>* Identify, if applicable, class size (maximum student-to-staff ratio), language if other than English, group or individual services, direct and/or indirect consultant teacher services or other service delivery recommendations.</p>				

<p>有些学生需要在暑假继续接受教学, 以避免学业严重倒退。如有需要, 请填写7月和8月的服务安排。</p>	<p>12-MONTH SERVICE AND/OR PROGRAM – Student is eligible to receive special education services and/or program during July/August:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes 此项必填, 不能为空。</p> <p>If yes:</p> <p><input type="checkbox"/> Student will receive the same special education program/services as recommended above.</p> <p>OR</p> <p><input type="checkbox"/> Student will receive the following special education program/services:</p>
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	SPECIAL EDUCATION PROGRAM/SERVICES	SERVICE DELIVERY RECOMMENDATIONS	FREQUENCY	DURATION	LOCATION	PROJECTED BEGINNING/ SERVICE DATE(S)
注：暑期服务可能与学年期间所提供的服务不同，其目的是维持现有能力水平，防止技能退化。						
Name of school/agency provider of services during July and August: For a preschool student, reason(s) the child requires services during July and August:						

TESTING ACCOMMODATIONS (TO BE COMPLETED FOR PRESCHOOL CHILDREN ONLY IF THERE IS AN ASSESSMENT PROGRAM FOR NONDISABLED PRESCHOOL CHILDREN): INDIVIDUAL TESTING ACCOMMODATIONS, SPECIFIC TO THE STUDENT'S DISABILITY AND NEEDS, TO BE USED CONSISTENTLY BY THE STUDENT IN THE RECOMMENDED EDUCATIONAL PROGRAM AND IN THE ADMINISTRATION OF DISTRICT-WIDE ASSESSMENTS OF STUDENT ACHIEVEMENT AND, IN ACCORDANCE WITH DEPARTMENT POLICY, STATE ASSESSMENTS OF STUDENT ACHIEVEMENT			
	TESTING ACCOMMODATION 考试辅助措施	CONDITIONS*	IMPLEMENTATION RECOMMENDATIONS**
	<input type="checkbox"/> NONE		
为确保考试公平，孩子是否需要特殊安排？例如额外时间、单独考试空间、朗读试题等。安排应符合纽约州教育部 (NYSED) 的测试准则。			
*Conditions – Test Characteristics: Describe the type, length, purpose of the test upon which the use of testing accommodations is conditioned, if applicable. 描述何时提供辅助措施 (例如：根据需要、应学生请求，或用于特定考试，如州级考试) **Implementation Recommendations: Identify the amount of extended time, type of setting, etc., specific to the testing accommodations, if applicable. 如何实施这些辅助措施 (例如：安排额外时间、考试场所类型等)			

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COORDINATED SET OF TRANSITION ACTIVITIES 有计划的过渡活动安排

本项目包括支持孩子实现毕业后生活目标的相关活动，例如：	NEEDED ACTIVITIES TO FACILITATE THE STUDENT'S MOVEMENT FROM SCHOOL TO POST-SCHOOL ACTIVITIES	SERVICE/ACTIVITY	SCHOOL DISTRICT/ AGENCY RESPONSIBLE
与毕业后目标相关的课程安排	Instruction	本项内容将在会议结束后由学校团队填写。	
在课堂之外提供的支持性服务	Related Services		
社区参与活动（如学生社团、运动项目等）	Community Experiences		
列出可帮助孩子为大学、职业培训、就业和/或独立生活做好准备的相关活动。	Development of Employment and Other Post-school Adult Living Objectives		
孩子将参与哪些活动来提升其生活技能（例如穿衣、个人卫生、自我照顾、健康管理、烹饪、理财等）。	Acquisition of Daily Living Skills (if applicable)		
有关孩子兴趣和能力的信息，以便制定他们高中毕业后的发展目标计划。	Functional Vocational Assessment (if applicable)		

PARTICIPATION IN STATE AND DISTRICT-WIDE ASSESSMENTS 参与州级和学区范围的评估

(TO BE COMPLETED FOR PRESCHOOL STUDENTS ONLY IF THERE IS AN ASSESSMENT PROGRAM FOR NONDISABLED PRESCHOOL STUDENTS)

<p>此项目说明您的孩子是否将参与与非残障学生相同的州和学区考试，或将参加其他类型的评估。如果不是，请说明学生为何无法参加常规评估，以及所选替代评估为何适合该学生的理由。</p>	<p><input type="checkbox"/> The student will participate in the same State and district-wide assessments of student achievement that are administered to general education students.</p> <p><input type="checkbox"/> The student will participate in an alternate assessment on a particular State or district-wide assessment of student achievement. Identify the alternate assessment: Statement of why the student cannot participate in the regular assessment and why the particular alternate assessment selected is appropriate for the student:</p>
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PARTICIPATION WITH STUDENTS WITHOUT DISABILITIES 与非残障学生共同参与学习和活动	
<p>孩子每天在特殊教育课堂中花费多长时间？是否需要对此安排进行调整？</p> <p>某些学生可以申请免修外语课程。</p> <p>仅当在使用所有辅助和支持措施后，孩子仍无法在普通班中接受适当教育时，才应考虑将其转入其他环境。</p>	<p>REMOVAL FROM THE GENERAL EDUCATION ENVIRONMENT OCCURS ONLY WHEN THE NATURE OR SEVERITY OF THE DISABILITY IS SUCH THAT, EVEN WITH THE USE OF SUPPLEMENTARY AIDS AND SERVICES, EDUCATION CANNOT BE SATISFACTORILY ACHIEVED.</p> <p>FOR THE SCHOOL-AGE STUDENT: Explain the extent, if any, to which the student will not participate in regular class, extracurricular and other nonacademic activities (e.g., percent of the school day and/or specify particular activities):</p> <p>If the student is not participating in a regular physical education program, identify the extent to which the student will participate in specially-designed instruction in physical education, including adapted physical education:</p> <p>EXEMPTION FROM LANGUAGE OTHER THAN ENGLISH DIPLOMA REQUIREMENT: <input type="checkbox"/> No <input type="checkbox"/> Yes - The Committee has determined that the student's disability adversely affects his/her ability to learn a language and recommends the student be exempt from the language other than English requirement. 免修外语可能会影响学生未来申请大学的选项。</p>
SPECIAL TRANSPORTATION 特殊交通服务	
TRANSPORTATION RECOMMENDATION TO ADDRESS NEEDS OF THE STUDENT RELATING TO HIS/HER DISABILITY	
<p>孩子是否需要特殊交通安排？例如特殊座位、辅助设备或监护支持？</p> <p>是否需要接送到校外的特别课程地点？</p>	<p><input type="checkbox"/> None.</p> <p><input type="checkbox"/> Student needs special transportation accommodations/services as follows:</p> <p><input type="checkbox"/> Student needs transportation to and from special classes or programs at another site:</p>
PLACEMENT RECOMMENDATION 教育安置建议	
<p>在团队达成一致后，将确定在哪个环境中实施 IEP（个别化教育计划），以及孩子将在哪种教学环境中接受特殊教育服务。</p>	

The “Chinese Plain Language IEP” was developed by Naomi Brickel and Jessica Goh
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