



Nebraska Department of Education
Office of Special Education

Nebraska Annotated Model IEP form for
Students Ages 3-13

2026

Table of Contents

Student Information	3
Parent or Guardian Information	3
IEP Team (92 Neb. Admin. Code § 51-007.03)	4
Summary of Student's Current Performance (92 Neb. Admin. Code § 51-007.07B).....	6
Evaluation and Assessment Information	6
Behavior That Impedes Learning.....	6
Limited English Proficiency	6
Blindness or Visual Impairment	6
Communication Needs.....	7
Assistive Technology (92 Neb. Admin. Code § 51-007.07B7)	8
Adapted Physical Education (APE) (92 Neb. Admin. Code § 51-007.07C2)	8
Present Levels of Academic Achievement and Functional Performance (PLAAFP) (92 Neb. Admin. Code § 51-007.07A1)	8
Classroom Assessments	9
Observed Student Skills.....	9
Impact of Disability on Reading or Literacy	9
Impact of Disability on Math.....	9
Impact of Disability on Other Academic or Functional Areas	10
PLAAFP Continued (92 Neb. Admin. Code § 51-007.07A1).....	10
Social-Emotional Development (relationships, self-regulation, behavior)	10
Adaptive Skills (feeding, dressing, routines).....	10
Communication (receptive, expressive, pragmatics).....	10
Motor Development (gross and fine motor, sensory, mobility)	11
Participation (engagement in routines and activities; community and home)	11
Functional Vision, Hearing and Other Relevant Areas	11
IEP Goal (92 Neb. Admin. Code § 51-007.07A2).....	12
Special Education and Related Services (92 Neb. Admin. Code § 51-007.07A5).....	13
IEP Service Tables Definitions	14
IEP Service Tables	16
Special Education Services (92 Neb. Admin. Code §§ 51-007.07A5, 007.07A8).....	16
Related Services (92 Neb. Admin. Code §§ 51-007.07A5, 007.07A8)	16
Placement Considerations	16
Transportation as a Related Service (92 Neb. Admin. Code § 51-014.01)	16
Supplementary Aids and Services (Accommodations) (92 Neb. Admin. Code §§ 51-007.07A5, 007.07A8)	16
Program Modifications (92 Neb. Admin. Code §§ 51-007.07A5, 007.07A8).....	16
Supports for School Personnel (92 Neb. Admin. Code §§ 51-007.07A5, 007.07A8).....	17
Assessment Participation (92 Neb. Admin. Code § 51-007.07A7)	17
Extended School Year Services Considerations (92 Neb. Admin. Code § 51-007.07C5b).....	18
Procedural Safeguards Notice (92 Neb. Admin. Code § 51-009.06A).....	19

Individualized Education Program (IEP)

This annotated model IEP document provides quick tips and prompts to guide the IEP team in developing a high-quality IEP. For more detailed guidance and resources, please refer to the IEP Guidance document on the [Nebraska OSE Monitoring and Enforcement Webpage](#)

ANNOTATION:

- IEP Meeting Date:** Write the date that the IEP team meeting is held. A meeting to develop an IEP for a child must be held within thirty (30) calendar days of a determination that the child needs special education and related services.
- IEP Meeting:** In making changes to a child's IEP after the annual IEP meeting for a school year, the parent of a child with a disability and the school district or approved cooperative may agree not to convene an IEP meeting for the purposes of making those changes, and instead may develop a written document to amend or modify the child's current IEP.
 - Changes to the IEP may be made either by the entire IEP team at an IEP team meeting, or by amending the IEP rather than by redrafting the entire IEP. Upon request, a parent must be provided with a revised copy of the IEP with the amendments incorporated.
 - The IEP team shall review the child's IEP periodically, but not less frequently than annually, to determine whether the annual goals for the child are being achieved
- Most Recent Multi-disciplinary Team Evaluation Date:** The IEP team shall revise the IEP as appropriate to address: the results of any reevaluation conducted, the child's anticipated needs, or other matters.

Student Information

Student Name: Click or tap here to enter text.	Date of Birth: Click or tap to enter a date.	Student ID Number: Click or tap here to enter text.
IEP Meeting Date: (92 Neb. Admin. Code § 51-007.09C) Click or tap to enter a date.	IEP Duration (Annual Timeframe): Click or tap here to enter text.	Primary Disability Category: Click or tap here to enter text.
Secondary Disability Category: Click or tap here to enter text.	Most Recent Multidisciplinary Team Evaluation Date: Click or tap to enter a date.	Next Reevaluation Date Due: Click or tap to enter a date.
School Name: Click or tap here to enter text.	School District: Click or tap here to enter text.	Student Grade: Click or tap here to enter text.

IEP Meeting Type (select all that apply): (92 Neb. Admin. Code §§ 51-007.09A, 007.09C, 007.09F)

- Initial
- Annual Review
- Amendment
- Other

If Other, specify IEP Meeting Type: Click or tap here to enter text.

Parent or Guardian Information

Parent or Guardian Name 1: Click or tap here to enter text.	Parent or Guardian Name 2: Click or tap here to enter text.	Parent or Guardian Name 3: Click or tap here to enter text.
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Parent or Guardian Street Address 1: Click or tap here to enter text.	Parent or Guardian Street Address 2: Click or tap here to enter text.	Parent or Guardian Street Address 3: Click or tap here to enter text.
Parent or Guardian Email Address 1: Click or tap here to enter text.	Parent or Guardian Email Address 2: Click or tap here to enter text.	Parent or Guardian Email Address 3: Click or tap here to enter text.
Parent or Guardian Phone Number 1: Click or tap here to enter text.	Parent or Guardian Phone Number 2: Click or tap here to enter text.	Parent or Guardian Phone Number 3: Click or tap here to enter text.
Parent or Guardian Phone Type 1 (select one): <ul style="list-style-type: none"> • <input type="checkbox"/> Cell • <input type="checkbox"/> Home • <input type="checkbox"/> Work 	Parent or Guardian Phone Type 2 (select one): <ul style="list-style-type: none"> • <input type="checkbox"/> Cell • <input type="checkbox"/> Home • <input type="checkbox"/> Work 	Parent or Guardian Phone Type 3 (select one): <ul style="list-style-type: none"> • <input type="checkbox"/> Cell • <input type="checkbox"/> Home • <input type="checkbox"/> Work

Primary Native Language or Communication Mode (select all that apply):

- English
- Spanish
- Sign Language
- Other

If Other, specify Primary Native Language or Communication Mode: Click or tap here to enter text.

ANNOTATION:

1. The school district or approved cooperative shall ensure and document that each IEP team includes the following:
 - a. The parents of a child with a disability or documentation of (92 Neb. Admin. Code § 51-007.06D)
 - b. Not less than one regular education teacher of the child (if the child is, or may be, participating in the regular education environment)
 - c. Not less than one special education teacher, or where appropriate, not less than one special education provider of the child
 - d. A representative of the school district or approved cooperative
 - e. An individual who can interpret the instructional implications of evaluation results
 - f. Any other service provider(s), including paraprofessionals, who are responsible for implementation of the IEP
2. **In Attendance:** A member of the IEP team shall not be required to attend an IEP meeting, in whole or in part, if the parent of a child with a disability and the school district or approved cooperative agree, in writing, that the attendance of such member is not necessary because the member's area of the curriculum or related services is not being modified or discussed in the meeting.
3. **Parent or Guardian:** The school district or approved cooperative shall take steps to ensure that one or both of the parents of the child with a disability are present at the IEP conference or are afforded the opportunity to participate (92 Neb. Admin. Code § 51-003.44).

Common IEP Team Errors:

1. Holding the meeting without a required team member present and without a written excusal agreement.
2. Failing to obtain written agreement before excusing a member whose area is being discussed.
3. Failing to document that excused members submitted written input prior to the meeting.
4. Proceeding with an IEP meeting when the parent has not been properly notified or given adequate opportunity to participate.
5. Failing to invite the student to meetings where transition services are discussed (required for students age 16 or the LEA's designated age, or younger if determined appropriate).

IEP Team (92 Neb. Admin. Code § 51-007.03)

Names and roles of individuals participating in developing the IEP. If you are fulfilling a dual role please sign below twice. If a team member has been excused, their portion of IEP must be submitted in writing. If a required participant

participated through written input or was excused from all or part of the IEP meeting, a written report or excusal should be attached, as necessary.

Participant Name	In Attendance	Position or Relationship to Student	Date
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent or Guardian (92 Neb. Admin. Code § 51-007.03A1)	Click or tap to enter a date.
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Student (92 Neb. Admin. Code §§ 51-007.03A7, 007.03A10)	Click or tap to enter a date.
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	General Education Teacher (e.g., Head Start/Community Preschool, Grade Level Teacher) (92 Neb. Admin. Code § 51-007.03A2)	Click or tap to enter a date.
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Special Education Teacher (92 Neb. Admin. Code § 51-007.03A3)	Click or tap to enter a date.
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	School District Representative (92 Neb. Admin. Code § 51-007.03A4)	Click or tap to enter a date.
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Individual to Interpret Instructional Implications of Evaluation Results (92 Neb. Admin. Code § 51-007.03A5)	Click or tap to enter a date.
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Related Service Provider (SLP, HI, VI, OT, PT) (if applicable)	Click or tap to enter a date.
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Assistive Technology or AAC Specialist (if applicable)	Click or tap to enter a date.
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Service Coordinator (from Part C) (if applicable) (92 Neb. Admin. Code § 51-007.05)	Click or tap to enter a date.
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case Manager (optional)	Click or tap to enter a date.
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Person with Knowledge or Special Expertise (as determined by parent or district) (92 Neb. Admin. Code § 51-007.03A6)	Click or tap to enter a date.
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nonpublic School Representative (if child attends nonpublic school) (92 Neb. Admin. Code § 51-007.03A8)	Click or tap to enter a date.
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Agency Services Representative (if child receives approved agency services) (92 Neb. Admin. Code § 51-007.03A9)	Click or tap to enter a date.
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Transition Services Representative (if considering post-secondary goals) (92 Neb. Admin. Code § 51-007.03A10b)	Click or tap to enter a date.
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Teacher of Students with Hearing Impairments (if child has hearing impairment) (92 Neb. Admin. Code § 51-007.03A11)	Click or tap to enter a date.
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Teacher of Students with Visual Impairments (if child has vision impairment) (92 Neb. Admin. Code § 51-007.03A12)	Click or tap to enter a date.

ANNOTATION:

Summarize current information from evaluations, classroom data, observations, parent input, progress monitoring, and state or district assessments. Document strengths, needs, special factors, and any medical, behavioral, communication, cultural or linguistic, or transition information that affects educational planning.

This summary helps the IEP team identify priorities for instruction and supports later decisions about the PLAAFP, annual goals, services, accommodations, and, when appropriate, post-secondary planning. (See sections below)

Summary of Student's Current Performance (92 Neb. Admin. Code § 51-007.07B)

<p>Special Factors (e.g. relevant medical diagnoses, medications, hospitalizations) Click or tap here to enter text.</p>
<p>Student Strengths (92 Neb. Admin. Code § 51-007.07B1) Click or tap here to enter text.</p>
<p>Parental Information, Concerns, and Vision for Life After High School (92 Neb. Admin. Code § 51-007.07B1) Click or tap here to enter text.</p>

Evaluation and Assessment Information

<p>Results of Initial or Most Recent Evaluation and the Academic, Developmental, and Functional Needs of the Child (92 Neb. Admin. Code § 51-007.07B2) Click or tap here to enter text</p>
<p>Results of Child's Performance on General State and District-Wide Assessments Within the Past Year Click or tap here to enter text</p>

Behavior That Impedes Learning

<p>Does the student exhibit behavior that impedes Learning? <input type="checkbox"/> Yes <input type="checkbox"/> No (92 Neb. Admin. Code § 51-007.07B3)</p>
<p>If yes, describe how the IEP of positive behavioral intervention(s) and strategies to address that behavior. The IEP Team must consider and, when determined necessary for ensuring FAPE, include or revise behavioral support in the IEP of a child with a disability exhibiting behavior that impedes his or her learning or that of others.</p>
<p><input type="checkbox"/> PBIS (Positive Behavioral Interventions and Supports) <input type="checkbox"/> Behavior Intervention Plan (BIP) <input type="checkbox"/> Functional Behavioral Assessment (FBA) <input type="checkbox"/> Behavior Goals <input type="checkbox"/> Accommodations <input type="checkbox"/> Other: Specify Other Supports Here</p>

Limited English Proficiency

<p>Does the student have limited English proficiency? <input type="checkbox"/> Yes <input type="checkbox"/> No (92 Neb. Admin. Code § 51-007.07B4)</p>
<p>If yes, provide English Language proficiency information and any needs this poses for the child's IEP. Click or tap here to enter text</p>

Blindness or Visual Impairment

<p>Is the student blind or visually impaired? <input type="checkbox"/> Yes <input type="checkbox"/> No (92 Neb. Admin. Code § 51-007.07B5)</p>
<p>If yes, the IEP Team must determine if instruction in Braille and use of Braille is appropriate based on the evaluation of the child's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or the use of Braille). Document the evaluation results and the team's discussion and conclusions. Click or tap here to enter text</p>

Communication Needs

Does the student have communication needs? <input type="checkbox"/> Yes <input type="checkbox"/> No (92 Neb. Admin. Code § 51-007.07B6)
If yes, describe the child's communication needs in the sections below:
Is the Child Deaf or Hard of Hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No (92 Neb. Admin. Code § 51-007.07B6)
If yes, describe how the IEP Team has considered and addressed the student's needs in the areas below (For each area below, provide detailed documentation, including sources of data and team decisions) Click or tap here to enter text
Description of the Child's Receptive and Expressive Language and Communication Needs Click or tap here to enter text
Opportunities for Direct Communication with Peers and Professionals in the Child's Language and Communication Mode Click or tap here to enter text
Academic Level and Full Range of Needs, Including Opportunities for Direct Instruction in the Child's Language and Communication Mode Click or tap here to enter text
Other Needs Related to Hearing Status (i.e. safety, fatigue, environment) Click or tap here to enter text

ANNOTATION:

Assistive Technology Device: means "any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of a child with a disability."

The term does not include a medical device that is surgically implanted, or the replacement of such device.

Examples:

- High-tech Voice recognition software
- Mid-tech - Audio book
- Low-tech - Specialized rubber pencil grip

Assistive Technology Service: means "any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device."

- (1) The evaluation of the needs of such child, including a functional evaluation of the child in the child's customary environment.
- (2) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by such child.
- (3) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices.
- (4) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs.
- (5) Training or technical assistance for such child, or, where appropriate, the family of such child.
- (6) Training or technical assistance for professionals (including individuals providing education and rehabilitation services), employers, or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of such child.

Questions the IEP Team Should Consider

- What does the child need to do but is unable to do because of his/her disability? *Make sure to consider these 5 areas of functioning: physical, communication, cognitive, social/emotional, academic.*
- What are your child's biggest educational challenges? *(Communication, mobility, reading, writing, behavior)*
- What assistive technology tools are available to help your child overcome these challenges? *Make sure to consider both high-tech and low-tech options.*
- What criteria will be used to later determine if the AT has been successful in helping your child in his/her educational program?

Assistive Technology (92 Neb. Admin. Code § 51-007.07B7)

Does the Student Require Assistive Technology Devices or Services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To Be Determined (trial or evaluation)
If Yes or TBD , specify device(s), service(s) (e.g., evaluation, customization, training), purpose, settings (classroom, home, community), responsible staff, start date, and maintenance/repair plan. Please document this information within the supplementary aids table portion of the IEP form.
If No , provide rationale (e.g., trials conducted, current strategies effective).
Click or tap here to enter text

Adapted Physical Education (APE) (92 Neb. Admin. Code § 51-007.07C2)

Does the Student Require Adapted Physical Education? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To Be Determined (trial or evaluation)
If Yes or TBD , specify service(s) (e.g., evaluation, customization, training), purpose, settings, and other information. Click or tap here to enter text
Physical Education Participation (select one): <ul style="list-style-type: none">• <input type="checkbox"/> Regular physical education (92 Neb. Admin. Code § 51-007.07C2a)• <input type="checkbox"/> Regular physical education with accommodations (92 Neb. Admin. Code § 51-007.07C2b)• <input type="checkbox"/> Adapted physical education (92 Neb. Admin. Code § 51-007.07C2b)• <input type="checkbox"/> No physical education activities (92 Neb. Admin. Code § 51-007.07C2a(i), 92 Neb. Admin. Code § 51-007.07C2a(ii))

ANNOTATION:

The IEP team should consider the following questions when writing the PLAAFPs:

- In areas of concern, what is the child's present level of performance in relationship to district standards and benchmarks in the general education curriculum (or to the extended standards)?
- In areas of concern, what is the child's present level of performance in relationship to level of performance that will be required to achieve the postsecondary goals?
- Are there functional areas of concern related to the disability not reflected in the general education curriculum (e.g., self-care skills, social skills, classroom survival, etc.)?
- What is the degree of match between the skills of the child and the instructional environment?
- What strengths of the child are relevant to address the identified concerns?

Additional Prompting Questions:

Student Needs:

- The student's strengths?
- The main areas of concern (e.g., academic, functional) and how do these concerns relate to district or state standards and benchmarks and the student's postsecondary interests?
- The parents' concerns?
- The student's instructional preferences?
- The results from the evaluation (e.g., standardized tests, progress monitoring data)?
- Ways in which the student's strengths can help address the identified areas of concern?

Is there enough information in the PLAAFP to develop a challenging, ambitious, measurable annual goal?

Present Levels of Academic Achievement and Functional Performance (PLAAFP) (92 Neb. Admin. Code § 51-007.07A1)

Describe the child's current functioning using relevant norm-referenced and/or criterion-referenced data that clearly outlines strengths and specific skill deficits for planning instruction. Include, as appropriate: 1. classroom assessments 2. observed student skills 3. impact of the disability on reading/literacy 4. impact of the disability on math 5. impact of disability on other academic or functional areas:
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Classroom Assessments

Measurement Tool or Area	(unit tests, curriculum-based measures, benchmark assessments, progress monitoring tools, etc.) Click or tap here to enter text.
Most Recent Results or Performance Data	(include scores, dates, and performance levels, assessment types within the last 1-2 years) Click or tap here to enter text.
Strengths Identified	(specific academic or functional skills demonstrated) Click or tap here to enter text.
Needs Identified	(specific skill deficits impacting progress) Click or tap here to enter text.
Instructional Implications and Impact	(how results inform instruction, supports, or services) Click or tap here to enter text.

Observed Student Skills

Skills Observed	(academic, behavioral, communication, social, functional, etc.) Click or tap here to enter text.
Strengths Identified	(observable skills consistently demonstrated) Click or tap here to enter text.
Needs Identified	(observable challenges affecting learning or participation) Click or tap here to enter text.
Instructional Implications and Impact	(how observed skills affect access to instruction) Click or tap here to enter text.

Impact of Disability on Reading or Literacy

Reading or Literacy Domain(s)	(fluency, comprehension, written expression, etc.) Click or tap here to enter text.
Reading or Literacy Performance Data	(assessment results, classroom data, observations within the last 1-2 years) Click or tap here to enter text.
Strengths Identified	(specific literacy skills) Click or tap here to enter text.
Needs Identified	(skill deficits linked to the disability) Click or tap here to enter text.
Instructional Implications and Impact	(how disability affects reading/literacy performance) Click or tap here to enter text.

Impact of Disability on Math

Math Domain(s)	(problem-solving, reasoning, math fluency, etc.) Click or tap here to enter text.
Math Performance Data	(assessment results, classroom data, observations within the last 1-2 years) Click or tap here to enter text.

Strengths Identified	(specific math skills) Click or tap here to enter text.
Needs Identified	(skill deficits linked to the disability) Click or tap here to enter text.
Instructional Implications and Impact	(how the disability affects math performance) Click or tap here to enter text.

Impact of Disability on Other Academic or Functional Areas

Area(s) Impacted	(communication, behavior, executive functioning, mobility, social skills, etc.) Click or tap here to enter text.
Performance Data	(assessments, observations, functional data within the last 1-2 years) Click or tap here to enter text.
Strengths Identified	(functional or academic strengths) Click or tap here to enter text.
Needs Identified	(functional or academic challenges) Click or tap here to enter text.
Instructional Implications and Impact	(impact on routines, instruction, and school activities) Click or tap here to enter text.

PLAAFP Continued (92 Neb. Admin. Code § 51-007.07A1)

For students ages **3–13**, describe age-appropriate strengths, needs, and the effect of the disability across relevant domains (e.g., communication, behavior, social-emotional, motor, adaptive), and note any foundational/pre-transition skills. Address all relevant areas of disability with present evidence from multiple data sources (i.e. standardized tests, parent input, teacher recommendations, the child’s physical condition, social or cultural background and adaptive behavior information).

Social-Emotional Development (relationships, self-regulation, behavior)

Strengths	Click or tap here to enter text.
Needs and Impact	Click or tap here to enter text.
Baseline or Current Performance	Click or tap here to enter text.

Adaptive Skills (feeding, dressing, routines)

Strengths	Click or tap here to enter text.
Needs and Impact	Click or tap here to enter text.
Baseline or Current Performance	Click or tap here to enter text.

Communication (receptive, expressive, pragmatics)

Strengths	Click or tap here to enter text.
Needs and Impact	Click or tap here to enter text.
Baseline or Current Performance	Click or tap here to enter text.

Motor Development (gross and fine motor, sensory, mobility)

Strengths	Click or tap here to enter text.
Needs and Impact	Click or tap here to enter text.
Baseline or Current Performance	Click or tap here to enter text.

Participation (engagement in routines and activities; community and home)

Strengths	Click or tap here to enter text.
Needs and Impact	Click or tap here to enter text.
Baseline or Current Performance	Click or tap here to enter text.

Functional Vision, Hearing and Other Relevant Areas

Strengths	Click or tap here to enter text.
Needs and Impact	Click or tap here to enter text.
Baseline or Current Performance	Click or tap here to enter text.

ANNOTATION:

When writing goals, focus on what the student can accomplish within one year (12 months). An annual goal does not have to be developed for every need listed in the PLAAFP. At least one goal MUST be written in each area affected by the student's disability. As the student master's his or her goals, use the needs identified in the PLAAFP page to develop new goals. Goals should reflect high expectations for the student and should not be limited to minimal or maintenance-level performance.

Every annual goal must include the following:

Condition: State how the student will be prompted to complete the skill. This can include what information or material is used or how it is presented. This often begins with "When given. . ."

Performance: State the specific skill or observable behavior the student will perform. The skill should be linked to the student's skill-based assessment and to the district's curriculum and content standards (beginning at the student's current level of performance). This often begins with "(name) will . . ."

Criteria: State how the skill or observable behavior will be measured. Include how well (accurately) AND how often (consistently) the student must demonstrate the skill to consider it mastered

Teachers may choose to include objectives or benchmarks under a goal to more clearly define the skills/behaviors included in a goal.

- If a team includes objectives or benchmarks within a goal, there must be more than one short-term objective or benchmark for that annual goal.

Statement of Student Progress: A description of **how** the child's progress toward meeting the annual goals described in [92 Neb. Admin. Code § 51-007.07A2](#) will be measured and **when** periodic reports on the progress the child is making toward meeting the annual goals (such as through the use of quarterly or other periodic reports, concurrent with the issuance of report cards) will be provided.

Common Goal-Writing Errors:

- (1) Writing goals that cannot be objectively measured (e.g., "will improve reading skills").
- (2) Omitting the condition or criterion components.
- (3) Writing goals that include more than one measurable outcome (e.g., "student will write name independently and write all 26 capital letters without error.")
- (4) Writing goals that address areas not identified as a need in the PLAAFP.
- (5) Writing the same goal from year to year without adjusting for growth.
- (6) Setting criteria so low that the goal does not represent high expectations for the student.
- (7) Failing to align goals to the general education curriculum or grade-level standards where appropriate.
- (8) Writing process goals (example, "will receive reading instruction") instead of outcome goals (example, "will read fluently at grade level").

IEP Goal (92 Neb. Admin. Code § 51-007.07A2)

Annual Goal Number: Click or tap here to enter text.
Observable Skill, Knowledge, or Behavior Click or tap here to enter text.
Criterion for Mastery Click or tap here to enter text.
This Annual Goal Addresses (select all that apply): (92 Neb. Admin. Code § 007.07A2) The goal is designed to enable the child to be involved in and make progress in the general education curriculum. <ul style="list-style-type: none">• <input type="checkbox"/> Reading or Literacy• <input type="checkbox"/> Mathematics• <input type="checkbox"/> Communication or Language• <input type="checkbox"/> Classroom Assessments• <input type="checkbox"/> Observed Student Skills• <input type="checkbox"/> Impact of Disability on Reading or Literacy• <input type="checkbox"/> Impact of Disability on Math• <input type="checkbox"/> Impact of Disability on Other Academic or Functional Areas• <input type="checkbox"/> Other (including, but not limited to, executive functioning, motor skills, self-advocacy skills, and assistive technology use)
If Other, Provide Written Explanation: Click or tap here to enter text.
Short-Term Objectives or Benchmarks (92 Neb. Admin. Code § 51-007.07A3) Measurable, immediate steps or targeted sub-skills to enable the student to reach the annual goal. *Required for a student taking an alternate assessment. Click or tap here to enter text.
Justification for Annual Goal and Measurement Monitoring Describe why this goal is needed, how the target was determined, and whether the goal is new, revised, or continued from a prior IEP. Click or tap here to enter text.
If Goal or Progress Monitoring Differs from Age or Grade-Level Expectations Explain how it addresses the student's underlying skill needs and supports progress toward the annual goal. Click or tap here to enter text.
Progress Toward the Goal Will Be Measured By (select all that apply): <ul style="list-style-type: none">• <input type="checkbox"/> Work samples• <input type="checkbox"/> Curriculum-based tests• <input type="checkbox"/> Portfolios• <input type="checkbox"/> Checklists• <input type="checkbox"/> Scoring guides• <input type="checkbox"/> Observation chart• <input type="checkbox"/> Reading records• <input type="checkbox"/> Other
If Other Progress Monitoring Tool, Provide Explanation Click or tap here to enter text.
Progress Report Schedule: Click or tap here to enter text.
Evaluation Procedures or Instruments: Click or tap here to enter text.
Person or Persons Responsible: Click or tap here to enter text.
Review Date: Click or tap to enter a date.
Statement of How Student Progress Will Be Reported to Parents (92 Neb. Admin. Code § 51-007.07A4) Click or tap here to enter text.

ANNOTATION

The “reverse phrasing” of this requirement is purposeful. IDEA requires the IEP team to justify any decision that removes the student from the general education setting.

After the annual goals are developed, list the individualized services and supports the student needs to make progress on those goals, access and progress in the general curriculum, and participate with nondisabled peers to the maximum extent appropriate.

Special Education and Related Services (92 Neb. Admin. Code § 51-007.07A5)

Provide a statement of the child’s special education, related services, and supplementary aids and services, as well as any program modifications or supports for school personnel; **and** an explanation of the **extent, if any**, to which the child **will not participate with nondisabled children** in the regular classroom. (92 Neb. Admin. Code § 51-007.07A6)

Click or tap here to enter text.

IEP Service Tables Definitions

Service: Type of Service being provided, such as Speech Language Therapy, Occupational Therapy, etc.

Service Delivery Model (optional): Delivery of instruction in selected environment, such as Direct Instruction, Consultation, etc.

Projected Start and End Dates of IEP: How long will the service(s) be provided? The span of time for which the service will be provided. Start date is required (92 Neb. Admin. Code § 51-007.07A8) but only include an End date if the services will end before the next annual IEP review.

Setting: The following categories permitted for setting:

Early Childhood	School Age
<ul style="list-style-type: none"> Regular early childhood program ≥ 10 hrs., majority of services in regular program – child attends a regular EC program 10 or more hours per week and receives most special education and related services within the same setting. 	<ul style="list-style-type: none"> General Education Setting- Public School
<ul style="list-style-type: none"> Regular early childhood program < 10 hrs., majority of services in regular program – child attends a regular EC program fewer than 10 hours per week and receives most services within that program. 	<ul style="list-style-type: none"> Special Education Setting-Public School
<ul style="list-style-type: none"> Regular early childhood program ≥ 10 hrs., majority of services elsewhere – child attends a regular EC program 10 or more hours per week, but receives most services somewhere else (e.g., separate class, therapy room, or provider location). 	<ul style="list-style-type: none"> General Education Setting- *Nonpublic or Exempt Home School
<ul style="list-style-type: none"> Regular early childhood program < 10 hrs., majority of services elsewhere - child attends a regular EC program fewer than 10 hours per week but receives most services somewhere else (e.g., separate class, therapy room, or provider location). 	<ul style="list-style-type: none"> General Education - Work site
<ul style="list-style-type: none"> Separate class – child receives special education in a self-contained early childhood special education classroom, with limited or no access to typically developing peers. 	<ul style="list-style-type: none"> General Education – Community-based setting (e.g., community college)
<ul style="list-style-type: none"> Separate school – child attends a separate school exclusively for children with disabilities 	<ul style="list-style-type: none"> Special Education Setting-* Nonpublic School or Exempt Home School
<ul style="list-style-type: none"> Residential Facility- child lives in and receives educational services at a residential facility (public or private) that provides special education. 	<ul style="list-style-type: none"> Separate School- public or private separate school designed specifically for students with disabilities, for the majority of the day.
<ul style="list-style-type: none"> Home – child receives special education services primarily in the home. 	<ul style="list-style-type: none"> Residential Facility- student lives in and receives educational services at a residential facility (public or private) that provides special education.
<ul style="list-style-type: none"> Service provider location – child receives services at a location operated by a service provider, such as a clinic, hospital outpatient setting, or private therapy office, and does not attend a regular EC program. 	<ul style="list-style-type: none"> Homebound/Hospital- student receives special education services at home or hospital setting, usually due to a medical/ health-related need.
	<ul style="list-style-type: none"> Correction/Detention Facility- student receives special education services in a correctional or juvenile justice facility.

Note: School-Age Educational Environment (ages 5 in kindergarten through 21) settings are based on the percentage of the school day a student receives education inside a regular class with nondisabled peers.

*Exempt (Home) School- Non-approved and non-accredited private schools where parents or guardians choose to educate children at home, electing not to meet state approval standards while still fulfilling the state's mandatory attendance law (Section 79-201 R.R.S.) by filing for exempt status under Nebraska Rule 13. Note: For further information refer to the [Non-Public Services](#) document on the Nebraska website.

Resident children with disabilities parentally placed in a nonpublic school continue to be eligible for the provision of a free and appropriate public education (FAPE) from the school district where the child resides. This includes Rule 13 exempt home schools as they meet the definition in 92 NAC § 51-015.03A2, "Elementary school shall mean . . . children attending nonpublic schools that are exempt from approval or accreditation pursuant to 92 NAC 12 and 92 NAC 13."

Location (92 Neb. Admin. Code § 51-007.07A8): Where will the service(s) take place? Location refers to the specific physical place or places where a student receives special education, related services, supplementary aids and services, program modifications, and/or support for school personnel. (Classroom A, therapy room, home, hospital).

Duration of Service (92 Neb. Admin. Code § 51-007.07A8): How long will each service be provided when it is provided? The amount of time allocated for each service (e.g., 30 minutes per occurrence, 45 minutes per occurrence). This approach highlights the specific instructional or intervention time provided during each occurrence of the service.

Service Length

The precise time measured for one instance of service delivery. If the term 'class period' is used, it must be defined in the IEP (e.g., '1 class period = 50 minutes').

Frequency (92 Neb. Admin. Code § 51-007.07A8): When will the service be provided (daily, weekly, monthly, quarterly, or per semester) or describe the condition under which the service will occur? Frequency must be clearly stated in measurable terms (e.g., '3 times per week,' '100 minutes per week', 'every time the student is expected to read independently', 'every time a student is in an environment that is expected to be noisy') and cannot use vague language such as 'as needed'.

Weekly Totals (optional): Total time period the service will be provided weekly. Needed for School Age Educational Environments calculation.

ANNOTATION:

This section may include special education services (specially designed instruction), related services, supplementary aids and services, or accommodations, program modifications, transportation as a related service, and supports for school personnel.

Special Education and Related Services: After the annual goals are developed, list the individualized services and supports the student needs to make progress on those goals, access and progress in the general curriculum, and participate with nondisabled peers to the maximum extent appropriate.

- The services should address all of the student's annual goals (e.g., academic, functional, behavior), including those necessary to participate in extracurricular activities.

Specially Designed Instruction: More intensive and individualized instruction than is typically provided in the general education classroom

- Provided by an education professional with expertise in individualizing and intensifying instruction, progress monitoring, and data-based decision making

Least Restrictive Environment (LRE)/Student Placement: Identify placement only after specialized instruction, services, supports, frequency, duration, and person responsible have been determined

Common Services Errors:

- (1) Using vague or ambiguous frequency terms and/or jargon, all services must specify frequency and duration in measurable terms.
- (2) Listing services that do not correspond to any identified PLAAFP need or annual goal.
- (3) Failing to list all services the student requires, including transportation when needed as a related service.
- (4) Failing to include supplementary aids and services that enable the student to access the general education curriculum.
- (5) Basing frequency and duration on what is available rather than what the student needs.
- (6) Omitting or inadequately explaining the basis for any removal from the regular education environment.

Supports for School Personnel (92 Neb. Admin. Code §§ 51-007.07A5, 007.07A8)

Supports for school personnel include training, coaching, consultation, or planning assistance provided to staff to enable effective implementation of the student's IEP.

Service	Service Delivery Model	Projected Start and End Date	Setting	Location	Duration	Frequency	Weekly Total
Enter text	Enter text	Enter text	Enter text	Enter text	Enter text	Enter text	Enter text

Assessment Participation (92 Neb. Admin. Code § 51-007.07A7)

Assessment accommodations documented here should also be used consistently throughout the year during the student's regular education classroom and district assessments, not only on statewide tests. Preschool teams should select Teaching Strategies GOLD; statewide NSCAS/ELPA21/Measure of Academic Progress (MAP) test selections apply to K–12 students only.

Assessment Participation Selection:

- Preschool:** Teaching Strategies GOLD (required)
- The student will participate in regular assessments
- The student will participate with accommodations (92 Neb. Admin. Code § 51-007.07A7)
- The student will participate in alternate assessment (NSCAS-AA)

If Regular Assessment is selected
List as applicable:
Click or tap here to enter text.

If NSCAS-AA is selected
Complete the NSCAS Alternate Assessment Eligibility Worksheet and use the Guiding Questions and Companion document to support this decision. Keep the completed worksheet in the student's record. 1. [Nebraska Student Centered Assessment System Alternate Assessment Eligibility Worksheet](#) 2. [AAS Guiding Questions for Alternate Assessment Participation 2024.pdf](#)

Suggested sources of evidence (examples):

- Multi-disciplinary team (MDT) reports
- Cognitive ability assessment
- Adaptive behavior skills assessments, checklists, inventories
- Benchmark academic assessments
- District-wide assessments
- Present levels of academic functional performance
- IEP progress data
- Assistive technology (AT) evaluation
- Data from research-based interventions
- Sensory/motor assessments

Note: Educators should never use IQ scores in isolation to determine eligibility.

If Alternate Assessment(s) is Selected (select all that apply):

- ELA
- Mathematics
- Science
- Other

Eligibility Determinations

Provide information that supports the possibility that the student has a most significant cognitive disability. (e.g., assessments, evaluations, observations, parent input, educator reports, etc.)

Eligibility Criterion	Evidence
Enter text	Enter text
Enter text	Enter text
Enter text	Enter text
Enter text	Enter text

Non-Participation Criteria Check (select all that apply):

If the decision was based solely on one factor, the student does not qualify for NSCAS-AA.

- Decision was not based solely on specific disability category
- Decision was not based solely on excessive or extended absence
- Decision was not based solely on native language, social, cultural, or economic differences
- Decision was not based solely on educational environment or instructional setting
- Decision was not based solely on percent of time receiving special education
- Decision was not based solely on English learner status
- Decision was not based solely on academic and other services received
- Decision was not based solely on low reading level
- Decision was not based solely on disruptive behavior
- Decision was not based solely on administration decision
- Decision was not based solely on accountability system impact
- Decision was not based solely on expected poor performance on the general education assessment

Parent or Guardian Discussion Occurred:

The implications of this decision were discussed thoroughly by the IEP team and are understood by the student's parent/guardian.

- Yes
- No

If Yes, Describe the Implications Discussed with Parent or Guardian

Click or tap here to enter text.

ANNOTATION:

Extended School Year Services: Each school district or approved cooperative shall ensure that extended school year services are available as necessary to provide a free appropriate public education consistent with **92 Neb. Admin. Code § 51-007.07C5b**.

- A school district or approved cooperative may not limit extended school year services to particular categories of disability or unilaterally limit the type, amount, or duration of those services.
- The need for related services of an instructional nature shall be documented on the IEP present level of performance, goals, and objectives, and shall be based on documented diagnostic evidence. Determination of the need for a related service for a child with a verified disability does not require the additional verification of a secondary disability.

Extended School Year Services Considerations (92 Neb. Admin. Code § 51-007.07C5b)

The IEP Team should determine if any of the factors below will significantly jeopardize the student's ability to receive some benefit from the student's educational program during the regular school year if the student does not receive ESY services. ESY services are the individualized extension of specific special education and related services that are provided beyond the normal school year of the public agency, in accordance with the IEP.

Extended School Year Services Are Needed (select one):

- Yes
- No

If yes, the IEP must include the description, frequency, duration, and location of services in the service tables above.

Question	Yes	No	Discussion to Support Decision
Does the student's IEP include annual goals related to critical life skills?	<input type="checkbox"/>	<input type="checkbox"/>	Enter text

Question	Yes	No	Discussion to Support Decision
Is there a likely chance of substantial regression of critical life skills caused by the normal school break and a failure to recover those skills in a reasonable time?	<input type="checkbox"/>	<input type="checkbox"/>	Enter text
Is the student demonstrating a degree of progress toward mastery of IEP goals related to critical life skills?	<input type="checkbox"/>	<input type="checkbox"/>	Enter text
Is there a presence of emerging skills or breakthrough opportunities?	<input type="checkbox"/>	<input type="checkbox"/>	Enter text
Are there significant interfering behaviors?	<input type="checkbox"/>	<input type="checkbox"/>	Enter text
Does the nature and severity of the disability warrant ESY?	<input type="checkbox"/>	<input type="checkbox"/>	Enter text
Are there other special circumstances that require ESY?	<input type="checkbox"/>	<input type="checkbox"/>	Enter text

Procedural Safeguards Notice (92 Neb. Admin. Code § 51-009.06A)

Procedural Safeguards Notice Acknowledgment

I acknowledge that I have been provided a copy of the Procedural Safeguards Notice ([Parent Rights in Special Education](#))

Parent or Guardian Signature: Click or tap here to enter text.

Date Provided: Click or tap to enter a date.

Copy Provided By Name and Role: Click or tap here to enter text.

Method Provided (select one):

- In-person
- Mailed to physical address
- Emailed
- Other

If Other Method Provided, Specify: Click or tap here to enter text.

Rights and Contact Information Explained (92 Neb. Admin. Code § 51-007.06E)

Yes, the school explained my rights and my child's rights and told me whom I may contact if I need more information or another copy.

Name of Contact: Click or tap here to enter text.

Phone Number of Contact: Click or tap here to enter text.

Email Address of Contact: Click or tap here to enter text.

Summary of Parental or Guardian Explanation

Click or tap here to enter text.