

**Pinellas County School District  
 Individual Educational Plan (IEP) - [REDACTED]  
 Amended - 8/23/2011**

**I. Student Information**

Date of IEP Meeting:	9/23/2010	School:	[REDACTED]
Student:	[REDACTED]	Student Number:	[REDACTED]
Address:	[REDACTED]	Age:	[REDACTED]
Parent/Guardian	[REDACTED]	Previously Amended:	02/08/11, 02/04/11, 09/29/10
DOB:	[REDACTED]	Reevaluation Due Date:	10/7/2012
Grade:	[REDACTED]	Initiation Date of IEP:	9/23/2010
Purpose of Meeting:	IEP Amendment	Review Due Date:	9/23/2011
Other:		Duration Date:	9/23/2011
		Is this a transition IEP?:	Yes
Primary Exceptionality:	Other Health Impairment (V)		
Additional Exceptionality:	[REDACTED]		

**II. Special Considerations**

In considering the following factors, if the IEP team determines that a student needs a particular device or service, including an intervention, accommodation, or program modification, the IEP must include a statement to that effect in the development of the IEP.

Y      N

	<input checked="" type="checkbox"/>	Does the student's behavior impede his/her learning or the learning of others?
		If yes, does the student have a functional behavior assessment (FBA) and/or behavior intervention plan (BIP)?
		If there is not a FBA/BIP, the use of positive behavioral interventions, strategies and supports must be considered in the development of this IEP.
	<input checked="" type="checkbox"/>	Does the student have limited English proficiency?
	<input checked="" type="checkbox"/>	Is the student blind or visually impaired?
		If yes, is instruction in Braille or the use of Braille appropriate?
	<input checked="" type="checkbox"/>	Does the student have communication needs? If yes, those needs must be addressed in this IEP.
	<input checked="" type="checkbox"/>	Is the student deaf or hard-of-hearing?
		If yes, the following opportunities for direct communication with peers and professionals in the student's language are needed: N/A
		If yes, the following opportunities for direct instruction in the student's language are needed: N/A
	<input checked="" type="checkbox"/>	Does the student need assistive technology devices or services?
	<input checked="" type="checkbox"/>	Does the student require instruction or the provision of information in the area of self-determination?
		The student is pursuing a course of study leading to: <b>Standard Diploma</b>