

ADULT INDIVIDUAL EDUCATION PLAN
(Example from The School Board of Broward County, Florida)

Student name: (last, first): _____	
DOB ____ / ____ / ____	School _____ SS# _____
Disability _____	
Verification Documentation: <input type="checkbox"/> APD <input type="checkbox"/> VR <input type="checkbox"/> School District <input type="checkbox"/> Medical Verification <input type="checkbox"/> Other: _____	

This AIEP meeting is being held on Date ____ / ____ / ____	This is an <input type="checkbox"/> Initial AIEP, or an <input type="checkbox"/> Annual Review
The next regularly scheduled annual review must occur on or before ____ / ____ / ____	
Services to be initiated on ____ / ____ / ____	

An INTERIM REVIEW was held (see attached) ____ / ____ / ____

Persons involved in the development of this AIEP:	
_____	LEA Representative
_____	Student
_____	Parent(s)
_____	Teacher
_____	Job Coach
_____	Social Worker
_____	_____
_____	_____

The attached goals and objectives are designed to meet the student's expected program outcomes in the areas checked below.	
<input type="checkbox"/>	Academics/Pre-Academics
<input type="checkbox"/>	Behavioral, Social, and Emotional
<input type="checkbox"/>	Daily Living Skills/Self Help
<input type="checkbox"/>	Perceptual/Motor
<input type="checkbox"/>	Training for Employment/Prevocational
<input type="checkbox"/>	Transition (Indicate Below)
<input type="checkbox"/>	Vocational
<input type="checkbox"/>	Other

Check topics discussed and record decisions below.

Support Service Providers/Service:	Academic/Vocational/Employment Assessments:
<input type="checkbox"/> DCF:	<input type="checkbox"/> SAIL/Occupational Exploration
<input type="checkbox"/> APD:	<input type="checkbox"/> TABE: R M L Total
<input type="checkbox"/> VR:	<input type="checkbox"/> VR Work Evaluation:
<input type="checkbox"/> DBS:	<input type="checkbox"/> Vocational Assessments:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Projected vocational job preparatory program: Specialized educational or vocational training services, aids or equipment, and testing procedures modifications:

Projected Personal Exit Outcome: _____
Exit/Transition Recommendations: _____ The student needs to exit to a more appropriate program placement.
<input type="checkbox"/> Work Experience <input type="checkbox"/> Leisure/Social Programs <input type="checkbox"/> Vocational training programs <input type="checkbox"/> Health/Behavior Needs <input type="checkbox"/> Supported Employment <input type="checkbox"/> Age-appropriate setting <input type="checkbox"/> Community-based education <input type="checkbox"/> Current educational program can no longer meet student's needs

COMMENTS:
ASSURANCE (To be completed at next annual review) This AIEP, including all attached pages, has been reviewed by the AIEP Committee on // . The information has been considered in the formulation of the new annual plan. <div style="text-align: right;">_____ Signature of LEA Representative</div>