REGIONAL OFFICE OF EDUCATION
Champion our community.
Fulton • Hancock • McDonough • Schuyler

ROE 26

John Meixner
Regional Superintendent of Schools

Tel: (309) 575-3226   Fax: (309) 837-2887
jmeixner@roe26.net

TO BE COMPLETED BY TEACHER AND STUDENT
OPTIONAL EDUCATION PROGRAMS/Stay-in/INDIVIDUAL OPTIONAL EDUCATION PLAN (IOEP)(AEP) 2021-2022

Student Name: _____ Home District: _____ SID # _____

Date of Entry: _____ Program: _____

Basis for Referral/Student select one or more: I have been referred to this program because of difficulty with:

_____ 1. Low attendance   _____ 7. Social circumstances
_____ 2. Low academic achievement   _____ a. Peer interaction
_____ 3. Below grade level/need credits for graduation   _____ b. School administration interaction
_____ 4. Economic circumstances   _____ c. Teacher interaction
_____ 5. Medical/Health _____   _____ d. Following school rules
_____ 6. Involvement with court services   _____ 8. Other: _____

Educational Goals: This student's educational goal(s) is/are (select one or more):

_____ 1. Improve attendance   _____ 5. Complete assigned seatwork
_____ 2. Increase academic achievement   _____ 6. Set and achieve behavioral goals
_____ 3. Develop vocational/career goals   _____ 7. Be promoted to next grade level
_____ 4. Earn a high school diploma   _____ 8. Other _____

Career/Employment/Education: This student's post-secondary goals are (select one or more):

_____ 1. Achieve associate degree   _____ 4. Enter workforce
_____ 2. Attend trade/certificate program   _____ 5. Enter military
_____ 3. Achieve bachelor's degree

Area of interest/program/branch of military, etc.:

_____

_____

Plan of Action: This student will be assigned to the academic courses required to meet his/her educational goals. The student will attend school Monday through Friday. In addition, the student will (select one or more):

_____ 1. Cooperate with program and school staff   _____ 4. Attend and participate in all classes
_____ 2. Complete assigned seatwork   _____ 5. Follow policies and procedures
_____ 3. Pass all academic courses   _____ 6. Attend individual and group counseling session as needed

Assessment Procedures: Student is achieving his or her learning objectives or individual outcomes through (select one or more):

_____ 1. Improved student attendance   _____ 4. Passing end of unit tests
_____ 2. Grade level advancement and/or credits earned   _____ 5. Participate in standardized testing as assigned
_____ 3. Communication with school counselor   _____ 6. Other _____

Academic Objectives: Measurable goal(s) that student will meet which are related to academics.

_____

_____

Behavioral/attendance and/or Other Objectives: Measurable goal(s) that student will meet which are related to behavior or other.

_____

_____

Timeline: Specific plan for achieving objectives and outcomes (*to be determined by objectives, actions, and procedures above*):

_____

_____

By signing this IEOP/AEP, I/we agree to participate and accept the objectives prescribed above. I further understand that I have the right to refuse this plan and to have student remain in home district and participate in the home district program.

Student Signature/Date: _____ Parent Signature/Date: _____

Teacher/Caseworker Signature/Date : _____