

INDIVIDUALIZED EDUCATION PROGRAM

Last Name _____

First Name _____

IEP Date: _____

Last Annual IEP _____ Next Annual IEP _____ Original Special Ed Entry Date _____

Last Eval _____ Next Eval _____

Purpose of Meeting Initial Annual Triennial Transition Pre-Expulsion Interim
 Other

Birthdate _____ Age _____ Gender Male Female Grade _____ Migrant Yes NoNative Language _____ EL Yes No Redesignated Interpreter Yes No

Student ID _____ SSN#: _____ ; _____ SSID# _____

Residency _____

Parent/Guardian _____

Home Address _____

City _____

State _____

Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email Address _____

Parent/Guardian _____

Home Address _____

City _____

State _____

Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email Address _____

District of Residence _____ Residence School _____

Ethnicity: _____ Race 1. _____ Race 2. _____ Race 3. _____

INDICATE DISABILITY/IES

Note: For initial and triennial IEPs, assessment must be done and discussed by IEP Team before determining eligibility.

Primary _____ **Secondary** _____ * Low Incidence Disability Not Eligible for Special Education Exiting from Sp. ED. (returned to reg. ed/no longer eligible)**Describe how student's disability affects involvement and progress in general curriculum(or for preschoolers, participation in appropriate activities)****For Initial Placements Only**

Has the student received IDEA Coordinated Early Intervening Services (CEIS) using 15% of IDEA funding in the past two years?

 Yes No

Date of Initial Referral for Special Education Services _____

Person Initiating the Referral for Special Education service _____

Date District Received Parent Consent: _____

Date of Initial Meeting to Determine Eligibility _____