

INDIVIDUALIZED EDUCATION PROGRAM (IEP) - INFORMATION / ELIGIBILITY

Student Legal Name:
Original SpEd Entry Date:
Last Eval:

Date of Birth:
Next Annual IEP:
Next Eval:

IEP Date:

MEETING TYPE: Initial Annual TriennialAdditional Purpose of Meeting (If needed): Transition Pre-Expulsion Interim Other

Age:
Grade:
EL: Yes No
Student ID:

Gender:
Native Language:
Redesignated: Yes No
SSID#:
Interpreter? Yes No

Parent/Guardian:
Home Address:
City:
State/Zip: _

Home Phone:
Work Phone:
Cell Phone:
Email:

Parent/Guardian:
Home Address:
City:
State/Zip: _

Home Phone:
Work Phone:
Cell Phone:
Email:

District of Special Education Accountability:

Residence School:

Hispanic Ethnicity: Yes No
 Ethnicity Intentionally Left Blank

Race: (regardless of Ethnicity): Race 1. _____ Race 2. _____ Race 3. _____ Race 4. _____
Race 5. _____
 Race Intentionally Left Blank

INDICATE DISABILITY/IES Note: For initial and triennial IEPs, assessment must be done and discussed by IEP Team before determining eligibility. * Low Incidence Disability

Primary:

Secondary:

Not Eligible for Special Education Exiting from Special Education (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 IEP 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: