

OFFER OF FAPE - EDUCATIONAL SETTING

Student Name _____

Date of Birth ___/___/_____

IEP Date ___/___/_____

Physical Education General Specially Designated Other _____

District of Service _____

School of Attendance _____

All special education services provided at student's school of residence? Yes No (rationale) _____

Preschool Program Setting (Ages 3-5 only, including those in TK and Kindergarten): _____

(Note: Answer items below for students ages 3-5 in Regular Early Childhood Program or Kindergarten)

The location where the student receives the majority of their special education services the same as above:

Same as above Different from above

Is the Regular Early Childhood Program or Kindergarten Program ten hours per week or greater? Yes No

IEP team is prepared to project an additional Preschool Program Setting

Start Date ___/___/_____ **Preschool Program Setting** (Ages 3-5 only, including those in TK and Kindergarten): _____

The location where the student receives the majority of their special education services the same as above:

Same as above Different from above

Is the Regular Early Childhood Program or Kindergarten Program ten hours per week or greater? Yes No

Program Setting (Ages 6 and older within duration of this IEP): _____

(Note: Percentage of time is required for those that will be age 6 and older within the duration of this IEP)

_____ % of time student is outside the regular class & extracurricular & non academic activities

_____ % of time student is in the regular class & extracurricular & non academic activities

IEP team is prepared to project an additional Program Setting

Start Date ___/___/_____ **Program Setting** (Ages 6 and older within duration of this IEP): _____

_____ % of time student is outside the regular class & extracurricular & non academic activities

_____ % of time student is in the regular class & extracurricular & non academic activities

Student will not participate in the regular class and/or extracurricular and/or non academic activities _____
because _____

Other Agency Services

California Children's Services (CCS)

Regional Center

Probation

Department of Rehabilitation

Department of Social Services (DSS)

County Mental Health (CMH)

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Other _____

Promotion Criteria

District Progress on Goals Other _____

Parents will be informed of progress

Quarterly Trimester Semester Other _____

How?

Progress Summary Report Other _____

ACTIVITIES TO SUPPORT TRANSITION (e.g., preschool to kindergarten, special education and/or NPS to general education class, 8-9th grade)
