

INDIVIDUALIZED EDUCATION PROGRAM FOR SPECIAL EDUCATION

Last Name:		First Name:		Date of Birth:	C.A.:	Gender M F	
Parent/Guardian:			<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Licensed Children's Institution <input type="checkbox"/> Foster Family Home <input type="checkbox"/> Residential Facility <input type="checkbox"/> Incarcerated Institution <input type="checkbox"/> Other _____				
Street Address:			City, State, Zip		Home Phone:		
					Work Phone:		
District of Residence:		District of Attendance:	School of Attendance:		School Type:		
Ethnicity (list up to 6):		Primary Language:	Home Language:		Language of Instruction:		
For non-English speakers, check those that apply: <input type="checkbox"/> ELL <input type="checkbox"/> FEP <input type="checkbox"/> EO					CSIS ID #:		
Special Education Service Provider:		Grade Level:	Preschool Setting:		Social Security Number:		

Date of this meeting:	Purpose of Meeting:
Date 1st entered special education in lifetime:	<input type="checkbox"/> Administrative Placement (not an annual IEP)
Date of this or most recent Annual IEP:	<input type="checkbox"/> Initial IEP (Referred by <input type="checkbox"/> parent <input type="checkbox"/> SST <input type="checkbox"/> other _____)
Date of this or most recent Triennial IEP:	<input type="checkbox"/> Annual (& <input type="checkbox"/> Triennial Assessment)
Date of this placement:	<input type="checkbox"/> Other:

We the undersigned participated in the IEP meeting (All members must sign)

Participant	Signature	Date	Participant	Signature	Date
Administrator			DIS Specialist		
Sp. Ed. Teacher			DIS Specialist		
Teacher			DIS Specialist		
Teacher			Member (Title)		
Teacher			Member (Title)		
Psychologist			Member (Title)		

Section A: Summary of IEP (complete at end of IEP meeting)		
Services:		Providers: (List the names of all providers for the services):
Primary Disability:	Percentage of time outside regular class: %	Is the student eligible for Migrant services: <input type="checkbox"/> Yes <input type="checkbox"/> No
STAR Code for this school year:		For 1st graders, indicate STAR code for 2nd Grade:
If the student is age 14, or older, has the transition portion(s) of the IEP been completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the student participated, or will the student participate, in Workability during this year: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If the student is exiting from special education: Date of Exit: Reason for Exit:		