

Student: _____

Meeting Date: _____

(Section H Continued)

Special Education Services	Implementing Staff	Start Date*	End Date*	Amount Per Day	Times per Week	Location of Services

*The dates of service are applicable to the regular school year unless otherwise specified on the IEP.

Notes:

Any member disagreeing with the placement will mark with an asterisk (*) by his or her name on the front page of this IEP and submit a dissenting statement to be attached to this IEP.

Is the student eligible for extended year services? Yes No
 If Yes, justify why and indicate the services to be provided :

Does the student require transportation services to meet his or her IEP goals? Yes No
 If Yes: District Provided or County Provided or Other _____

Physical Education: General Modified Specially Designed Adapted P.E. (DIS)

Services provided by agencies other than the LEA:

Section I: Participation

The student will participate with non-disabled children in the regular class and/or activities except for the following:	Percentage of time student is outside regular class for special education instruction or services:
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Section J: Triennial Review

Is the student's triennial evaluation due prior to the next scheduled IEP meeting? Yes No
 If yes, is the triennial process being initiated today? Yes No
 If no, why not?