INDIVIDUALIZED EDUCATION PROGRAM

Last Name_____First Name _____IEP Date ___/___/___

Last IEP ____ / ____ / ____ Next IEP ____ / ____ / ____ Original SpEd Entry Date ___ / ___ / ___

Last Eval ____ / ____ / ____ Next Eval ____ / ____ / ____

Purpose of Meeting ☐ Initial ☐ Annual ☐ Triennial ☐ Transition ☐ Pre-Expulsion ☐ Interim
☐ Expanded IEP ☐ Other_____

Birthdate____/____/____ Age _____ Gender_____ Grade_____Migrant ☐ Yes ☐ No

Native Language_____EL ☐ Yes ☐ No ☐Redesignated Interpreter Yes ☐ No ☐

Student ID_____SSN # _____SSID # _____

Residency ☐Parent/Guardian ☐Foster _____ ☐LCI _____
☐Adult Student ☐Other _____

Parent/Guardian _____ Home Phone _____
Home Address _____ Work Phone _____
_____ Cell Phone _____

Parent/Guardian _____ Home Phone _____
Home Address _____ Work Phone _____
_____ Cell Phone _____

District of Residence _____ Residence School _____

Ethnicity Code/s 1._____ 2._____ 3._____ 4._____

INDICATE DISABILITY/S (P = Primary, S = Secondary) Note: For Initial and triennial IEPs, assessment must be done and discussed by IEP Team before determining eligibility.

_____ 210 MR _____ 220 HH * _____ 230 Deaf * _____ 240 SLI _____ 250 VI *
_____ 260 ED _____ 270 OI * _____ 280 OHI _____ 290 SLD _____ 300 DB *
_____ 310 MD _____ 320 AUT _____ 330 TBI _____ 281 Est. Med. Dis. (0-5)

* Low Incidence Disability ☐ Severe ☐ Non-Severe

_____ 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 the general curriculum (or for preschoolers, participation in appropriate activities)

Triennial (3 Year) Re-evaluation

☐ Triennial Re-evaluation not due prior to next IEP review date
☐ Triennial Re-evaluation due prior to or on next IEP review Date
- ☐ Summary of Progress and Current Educational Performance
- ☐ Full Re-evaluation
- ☐ Other _____

For Initial Placements Only

(Ages 3 to 22 only - Do not include infant referral dates) Has the student received pre-referral early intervening service 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 ____ / ____ / ____