

Phone: Fax:

Individualized Education Program

Date of Meeting:

PURPOSE OF IEP MEETING (check one):

- Initial Placement Change Three-Year Review Special Review For: Annual Review Behavior Plan Transition Plan

STUDENT DATA

STUDENT: DOB: AGE GENDER: SOC. SEC. #: SSID #: SELPA ID #: ETHNICITY: LANGUAGE: LANG. PROFICIENCY: ADDRESS: CITY/STATE/ZIP:

ATTENDANCE

RESIDENCE

SELPA: Kern County SELPA DISTRICT: SCHOOL: TYPE: Interdistrict InterSELPA

IF INITIAL REFERRAL, DATE: REFERRED BY: DID STUDENT RECEIVE PRE-REFERRAL INTERVENTION? YES NO DATE IEP TEAM REVIEWS INITIAL EVALUATION AND DETERMINES ELIGIBILITY: LAST ELIGIBILITY ASSESSMENT DATE: FIRST SPECIAL EDUCATION ENTRY DATE: Migrant IF NOT INITIAL IEP MEETING, CURRENT PLACEMENT

PARENT/GUARDIAN DATA

PARENT/GUARDIAN: RELATIONSHIP: IF DIFFERENT FROM STUDENT'S ADDRESS: CITY/STATE/ZIP: STUDENT RESIDES WITH: PHONE: Home Work PARENT LANGUAGE IF STUDENT IN LCI OR FFH, NAME AND PLACE OF AGENCY: Agency in Kern County? Yes No Agency Supervisor: IF EDUCATIONAL RIGHTS ARE NOT HELD BY PARENT/GUARDIAN ABOVE, LIST NAME/ADDRESS/PHONE # OF HOLDER:

PARENT/GUARDIAN IEP NOTIFICATION DATES: 1. In Person Letter Phone 2. In Person Letter Phone 3. In Person Letter Phone PARENT/GUARDIAN PARTICIPATION:

RESPONSE: