

\_\_\_\_\_ School District

**Individualized Education Program**

**PRESENT LEVELS/PERFORMANCE DATA**

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ IEP Date \_\_\_\_\_

Grade: \_\_\_\_\_

**Parent/Guardian Provided Data**     Written Survey     Home Visit     Phone Call     At Meeting

Student Strengths:

  
  

Student Needs:

  
  

Other Applicable Data:

Describe the presents levels of performance in each area that are relevant to educational planning or to determine eligibility in BOTH narrative and standardized format.

**HEALTH/VISION/HEARING**    Last evaluation date \_\_\_\_\_

General health of student is within normal limits.

**COGNITIVE/GENERAL ABILITY**

**SOCIAL/EMOTIONAL**

**ADAPTIVE BEHAVIOR/SELF-HELP**

**MOTOR/PERCEPTUAL**     Large Motor     Fine motor     Perceptual

**Individualized Education Program**

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ IEP Date \_\_\_\_\_

**ORAL COMMUNICATION/LANGUAGE**

**PREACADEMIC/ACADEMIC LEVELS**

**OBSERVATION BY GENERAL EDUCATION TEACHER**

**CAREER/VOCATIONAL**

**LANGUAGE PROFICIENCY DATA** If student is limited or non-English proficient, linguistically appropriate goals are needed.

N/A English Only

Overall CELDT Proficiency Level \_\_\_\_\_

• CELDT Listening and Speaking:

Date: \_\_\_\_\_ Proficiency Level: \_\_\_\_\_

• CELDT Reading:

Date: \_\_\_\_\_ Proficiency Level: \_\_\_\_\_

• CELDT Writing:

Date: \_\_\_\_\_ Proficiency Level: \_\_\_\_\_

**OTHER ALTERNATIVE MEANS**

Is additional assessment required to develop goals and objectives for this student?  Yes  No (If yes, check AREAS)

- AREAS:  Oral Communication  Health  Social/Emotional  
 Adaptive/Behavior/Self-Help  Cognitive  Career/Vocational  
 Academic  Motor  Other: \_\_\_\_\_