

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: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE \_\_\_\_\_ GENDER: \_\_\_\_\_

SOC. SEC. #: \_\_\_\_\_ SSID #: \_\_\_\_\_ SELPA ID #: \_\_\_\_\_

ETHNICITY: \_\_\_\_\_ LANGUAGE: \_\_\_\_\_ LANG. PROFICIENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

#### ATTENDANCE

#### RESIDENCE

SELPA: \_\_\_\_\_ Kern County SELPA      SELPA: \_\_\_\_\_

DISTRICT: \_\_\_\_\_      DISTRICT: \_\_\_\_\_

SCHOOL: \_\_\_\_\_      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  Yes  No

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

PARENT/GUARDIAN PARTICIPATION: 3. \_\_\_\_\_  In Person  Letter  Phone

\_\_\_\_\_

RESPONSE: \_\_\_\_\_