

School District

Individualized Education Program

PRESENT LEVELS/PERFORMANCE DATA

Student Name _____ Birthdate _____ Grade _____ IEP Date _____

DISABILITY

- | | | |
|---|--|--|
| <input type="radio"/> Mental Retardation (MR) | <input type="radio"/> Emotional Disturbance (ED) | <input type="radio"/> Deaf-Blindness (DB)* |
| <input type="radio"/> Hard of Hearing (HH) | <input type="radio"/> Orthopedic Impairment (OI)* | <input type="radio"/> Multiple Disabilities (MD) |
| <input type="radio"/> Deafness (DEAF)* | <input type="radio"/> Other Health Impairment (OHI) | <input type="radio"/> Autism (AUT) |
| <input type="radio"/> Speech or Language Impairment (SLI) | <input type="radio"/> Estab. Medical Disability ages 3-4 (EMD) | <input type="radio"/> Traumatic Brain Injury (TBI) |
| <input type="radio"/> Visual Impairment (VI)* | <input type="radio"/> Specific Learning Disability (SLD) | <input type="radio"/> None |

Secondary Disability: _____

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

- Vision Screen: _____ Pass Fail Immunizations are current: Current Waived*
 Hearing Screen: _____ Pass Fail *(Signature on file)

General health of student is within normal limits.

COGNITIVE/GENERAL ABILITY

SOCIAL/EMOTIONAL

ADAPTIVE BEHAVIOR/SELF-HELP

Kern County SELPA
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Student Name _____ Birthdate _____ IEP Date _____

MOTOR/PERCEPTUAL Large Motor Fine motor Perceptual

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:
Date: _____ Proficiency Level: _____

• CELDT Speaking:
Date: _____ Proficiency Level: _____

• CELDT Reading:
Date: _____ Proficiency Level: _____

• CELDT Writing:
Date: _____ Proficiency Level: _____

• Alternate Language Proficiency Assessment
Date: _____ Proficiency Level: _____

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 AB2726/3632
 Academic Motor Other: _____