

IEP

**Individualized Education Program
IEP Effective Date:**

Student:		STN:	
DOB:	Age:	Grade:	Gender:

Case Conference Committee Meeting Scheduled:

Date: Apr 22, 2025	Time:	Place:
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Guardian Information:

Relation to Student:	Relation to Student:
Name:	Name:
Business Phone:	Business Phone:
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:
Email Address:	Email Address:

Purpose of the Case Conference:

Initial Evaluation	Program
Initial Expedited Evaluation	Consider Placement at a State School
Initial following lack of progress in response to interventions	Consider Placement at a Private Facility
Reevaluation Review	Consider Service Plan
Annual	Public Agency Placement with Different Public Agency of Service
Move-in	Interim Alternate Educational Setting
Manifestation Determination	Out-of-school Placement - 60 Day
Revise IEP	Review
Exit Secondary Education	Revise IEP without a meeting
Consider Placement in an Alternative	Post-Secondary Transition

Evaluation Information and Student Data:

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Describe the Strengths of the Student:

Describe the concerns of Parents for Enhancing the Education of the Student:

Response to Instructional Strategies and Research-Based Interventions:

(Only for meeting purposes Initial Evaluation following lack of response to interventions.)

Student Growth (Progress Monitoring) Data:

Present Level of Academic Achievement and Functional Performance:

*Based on evaluation data, provide a statement of the student's **present levels of academic achievement and functional performance**, including **how the student's disability/suspected disability affects the student's involvement and progress in the general education curriculum** or for children in early childhood, participation in appropriate activities*

Continue below for all students.

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Eligibility Decision:

The Case Conference Committee has determined that the student's disability adversely affects the student's educational performance.

Yes

No

Primary Eligibility Area (indicate Primary Disability):

Autism Spectrum Disorder	Deaf or Hard of Hearing
Language Impairment	Other Health Impaired
Speech Impairment	Deaf-Blind
Blind or Low Vision	Orthopedic Impairment
Mild Intellectual Disability	Developmental Delay
Moderate Intellectual Disability	Specific Learning Disability
Severe or Profound Intellectual Disability	Emotional Disability
Multiple Disabilities	Traumatic Brain Injury

Secondary Eligibility Areas (indicate and Secondary disabilities if any):

Autism Spectrum Disorder	<input type="checkbox"/> Deaf or Hard of Hearing
Language Impairment	<input type="checkbox"/> Other Health Impaired
<input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Deaf-Blind
<input type="checkbox"/> Blind or Low Vision	<input type="checkbox"/> Orthopedic Impairment
<input type="checkbox"/> Mild Intellectual Disability	<input type="checkbox"/> Developmental Delay
<input type="checkbox"/> Moderate Intellectual Disability	<input type="checkbox"/> Specific Learning Disability

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<input type="checkbox"/> Severe or Profound Intellectual Disability	<input type="checkbox"/> Emotional Disability
<input type="checkbox"/> Multiple Disabilities	<input type="checkbox"/> Traumatic Brain Injury

Describe the reasons for eligibility or ineligibility determination including the other options considered and reasons these options were rejected.

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Special Considerations:

Does the student have needs related to Limited English Proficiency?

Yes

No

If yes, describe the student's needs:

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Are there considerations regarding the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode? **(Only Students with Deaf or Hard of Hearing or Deaf-Blind eligibility areas require this response.)**

Yes

No

If yes, describe the student's language and communication needs:

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Are there considerations regarding the instruction in Braille and the use of Braille? **(Only Students with Blind/Low Vision or Deaf-Blind Eligibility Areas require this response.)**

Yes

No

If yes, describe the student's language and communication needs:

--

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Behavioral Concerns:

Yes, there is a behavior of concern for the Case Conference Committee to discuss.

If yes, provide a description of the behavior of concern. What does it look like? Where does the behavior happen? Where does the behavior not happen?

No, there is not a behavior of concern for the Case Conference Committee to discuss.

If Yes, [Behavior Section](#) document should be utilized.

If No, proceed to the "[Transition Section](#)" document if student is of transition age.

Continue below for all students.

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State Assessments and other Considerations

Participation in State Testing Programs

Student does not attend an accredited school and will not participate in statewide assessments.

Student will not yet be in grade 1.

Student will participate in IREAD at an accredited school.

Student will participate in ILEARN (Grades 3-8) and IREAD (Grades 3 and Grades 4, 5 and 6 for retest).

Student will participate in the College Entrance Exam (SAT), ILEARN Biology, and/or ILEARN U.S Government (High School).

Student will participate in the alternate assessment.

Therefore, the student's goals and objectives are generally prerequisites to grade-level academics or are highly individualized extensions to the standards.

Student has passed IREAD.

Rationale:

Explain why the chosen assessments are appropriate for the student. If the student will participate in an alternate assessment, describe why the student cannot participate in the general assessment. Include information in support of each criterion for participation in an alternate or modified assessment if relevant:

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The student will participate in the state assessment.				
ILEARN Math (Grades 3-8)	ILEARN Language Arts (Grades 3-8)	ILEARN Science (Grades 4 & 6)	ILEARN Social Studies (Grade 5)	IREAD (Grades 2-6)
• State Assessment without accommodations	• State Assessment without accommodations	• State Assessment without accommodations	• State Assessment without accommodations	• State Assessment without accommodations
• State Assessment with accommodations	• State Assessment with accommodations	• State Assessment with accommodations	• State Assessment with accommodations	• State Assessment with accommodations

The student will participate in the alternate assessment.			
I AM Math (Grade 3-8)	I AM Language Arts (Grade 3-8)	I AM Science (Grade 4 & 6)	I AM Social Studies (Grade 5)
Alternate Assessment with accommodations	Alternate Assessment with accommodations	Alternate Assessment with accommodations	Alternate Assessment with accommodations
• Alternate Assessment without accommodations	• Alternate Assessment without accommodations	• Alternate Assessment without accommodations	• Alternate Assessment without accommodations

Student will be in high school.

Student will not be in 10th grade and State Assessment is not required.

The student will participate in the state assessment.		
College Entrance Exam (SAI)	ILEARN BIOLOGY	ILEARN U.S Government
State Assessment without accommodations	State Assessment without accommodations	State Assessment without accommodations
State Assessment with accommodations	State Assessment with accommodations	State Assessment with accommodations

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Student has participated in this assessment.	Student has passed this assessment.	Student has passed this assessment.
	Student has participated in this assessment.	This assessment is not offered.
		Student has participated in this assessment.

The student will participate in the alternate assessment.		
Algebra (HS)	Language Arts (HS)	BIOLOGY (HS)
Alternate Assessment without accommodations	Alternate Assessment without accommodations	Alternate Assessment without accommodations
Alternate Assessment with accommodations	Alternate Assessment with accommodations	Alternate Assessment with accommodations

State Assessment Accommodations

- Student is provided access to own resources (i.e., abacus, bold print protractor, real coins, bold/raised line graph paper, bold/raised line writing paper)
- Student is provided with additional breaks
- Student is allowed to use alternative indication of response (i.e., circle, point to, state, or use assistive technology device to indicate answer choice)
- Student is provided an approved, bilingual word-to-word dictionary
- Student is provided a Braille paper test format
- Student is provided an adaptive and/or handheld calculator for calculator allowed items on mathematics
- Student is provided the online basic calculator for all mathematics items
- Student is provided a non-embedded hundreds chart
- Student is tested individually
- Student is provided a large print paper test format
- Student is provided a non-embedded multiplication table
- Permissive mode to access assistive technology device(s)
- Student is provided a paper test format
- Student is permitted to read aloud to self
- Student is provided access to a scribe

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Student is provided access to a sign language interpreter for directions and all items including items testing reading comprehension (ILEARN and I AM Only)

Student is provided streamline format of the online assessment

Student is provided access to embedded speech-to-text

Student has text read aloud (except items testing reading comprehension) by a human reader

Student is provided access to non-embedded speech-to-text

Student is provided refreshable Braille and an embosser for the online assessment (ILEARN Only)

Student is provided print on demand for the online assessment

Student has text read aloud (except items testing reading comprehension) via text-to-speech

Student is provided audio transcriptions (ILEARN ELA Only)

Student is provided Braille transcript for online audio items (ILEARN ELA Only)

Student is provided an adaptive and/or handheld calculator for all mathematics items

Student is provided the online scientific calculator for all mathematics items

Student is provided Closed Captioning for online audio items (ILEARN ELA Only)

Student has text read aloud (including items testing reading comprehension) by a human reader (ILEARN ELA Only)

Student is provided ASL videos to interpret audio items

Student is provided access to a sign language interpreter for directions and items except items testing reading comprehension

Student has text read aloud including items testing reading comprehension via text-to-speech (ILEARN ELA Only)

Student is provided a hard of hearing form (IREAD Only)

Student is provided access to an abacus

Student is provided a hard of hearing feature on the online assessment (ILEARN ELA and Science only)

Student is provided Spanish toggle for the online assessment (designated feature)

Student is provided embedded word completion

Student is provided word completion via a non-embedded software program

Student is provided a visual human reader (IREAD designated feature)

Student is provided an embedded multiplication table

Student is provided an embedded hundreds chart

Student is provided a large print paper test format for the ILEARN summative assessment

Student is provided a Braille paper test format for the ILEARN summative assessment

Student is provided adaptive/handheld calculator for all items on science

Student is provided adaptive/handheld calculator for all items (I AM universal feature)

Student is provided a paper test format for the ILEARN summative assessment

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Student is provided acetate film for paper assessments (designated feature)
Student is provided assistive technology to magnify/enlarge (designated feature)
Student is provided access to sound amplification system (designated feature)
Student is provided use of special furniture or equipment for viewing test (designated feature)
Student is provided special lighting conditions (designated feature)
Time of day for testing altered (Student is tested during a specific time of day based on individual needs) (designated feature)
Student is provided text-to-speech tracking (I AM only)
Student has text read aloud by a human reader (I AM designated feature)

College Entrance Exam Accommodations:

One-to-one testing
Braille (Refreshable Braille for Digital or Paper Braille)
Raised line drawings (graphs and figures)
Braille Writer
Reading: Up to Time and one-half (+50%)
Reading: Up to Double time (+100%)
Reading: Up to More than double time (>100%)
Large Print Test
Paper Test for Digital Testing
4-function calculator
Human reader for Paper Testing
Sign language interpreter for oral instructions only
Assistive technology
Extended breaks
Extra breaks
Breaks as needed
Small group testing
Auditory amplification/FM system
Magnification device (non-electronic)
Magnification device (electronic)
Colored overlay
Student is provided a color contrast feature for the online assessment (Select "colored overlay" in SSD Online)
Writer/scribe for Digital Tests (non-embedded)
Preferential seating

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Wheelchair accessibility

Food/drink/medication

Permission to test blood sugar

Printed copy of verbal instructions

State Allowed Accommodations to sign the Reading and Writing test content using American Sign Language (ASL) or Pidgin Signed English (PSE)

State Allowed Accommodations to sign the Mathematics test content using American Sign Language (ASL) or Pidgin Signed English (PSE)

Math Only: Up to Time and one-half (+50%)

Math Only: Up to Double time (+100%)

Math Only: Up to More than double time (>100%)

Speech-to-Text Dictation for Digital Exams

Unified English Braille (UEB Technical) for Math/Science

Text-to-Speech (Embedded)

Screen Reader (Non-Embedded) for Digital Assessments

Accommodations:

Describe any additional accommodations, if appropriate:

--

Describe the plans for participation in other local, national, and international testing:

--

WIDA

Does the student have English language proficiency needs?

Yes

No

(Skip if NO was selected above) Which English Language Proficiency assessment (WIDA) does the student qualify for?

ACCESS Online with accommodations

ACCESS Online without accommodations

ACCESS Paper with accommodations

ACCESS Paper without accommodations

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Kindergarten ACCESS with accommodations
Kindergarten ACCESS without accommodations
Alternate ACCESS with accommodations
Alternate ACCESS without accommodations

WIDA Assessment Accommodations:

Extended Speaking test response time (ES)
In-person human reader (IR)
Repeat in-person human reader (RP)
Interpreter signs test directions in ASL (SD)
Manual control of item audio (MC)
Repeat item audio (RA)
Recording device and transcription (RD)
Handwriting (HW) for ACCESS Online Writing Domain, Grades 4-12 Only
Exempt - Speaking
Exempt - Writing
Exempt - Listening
Exempt - Reading
Word processor or similar keyboarding device (WD)
Braille (BR)
Scribe (SR)
Large Print (LP)

IREAD

Has the student participated in the IREAD assessment?

Yes
No

Did the student pass IREAD?

Yes
No

Complete the following prompts if the student **did not** pass IREAD:

Was the student granted a Good Cause Exemption (GCE)?

Yes

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No

Date GCE was Granted: _____

Did the student pass IREAD following remediation?

Yes

No

Student has not yet taken IREAD following remediation.

(Grade 3 students only) Will the student be retained?

Yes

No

(Grade 3 students only) If the student is to be retained, will he or she receive remediation?

Yes

No

(Grade 3 students only) If the student did not pass IREAD and is not to be retained, explain the rationale for not retaining the student:

--

Continue below for all students.

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DOB:	Age:	Grade:	Gender:

Annual Goals

Title:

Present Level Data for this annual goal:

Standards aligned to this Annual Goal:

Objectives/benchmarks

Specially Designed Instruction:

Annual Goal Statement:

If student is transition age, which postsecondary goal(s) does this annual goal support?

- Employment
- Education and Training
- Independent Living (if required)

Method/Instrumentation for Measuring Progress:

- Descriptive Documentation
- Single Point
- Single Rubric
- Collection of Indicators

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Annual Goal Initiation Date: Apr 22, 2025
Annual Goal Completion Date: Apr 22, 2025

Progress Monitoring

Articulate the plan to monitor and report progress on this annual goal:

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Duplicate this section for all necessary goals.

Continue below for all students.

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Provisions

Special Education Services

Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Postsecondary goals:
	Apr 22, 2025			Apr 22, 2025		
Narrative:						
Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Postsecondary goals:
	Apr 22, 2025			Apr 22, 2025		
Narrative:						
Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Postsecondary goals:
	Apr 22, 2025			Apr 22, 2025		
Narrative:						
Description	Proposed	Number of	Time per	Service End	Location	Align to

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	Initiation Date	Sessions	Session	Date		Postsecondary goals:
	Apr 22, 2025			Apr 22, 2025		
Narrative:						

Related Services

Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Postsecondary goals:
	Apr 23, 2025			Apr 23, 2025		
Narrative:						
Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Postsecondary goals:
	Apr 23, 2025			Apr 23, 2025		
Narrative:						
Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Postsecondary goals:
	Apr 23, 2025			Apr 23, 2025		

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Student:		STN:	
DOB:	Age:	Grade:	Gender:

Narrative:						
Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Postsecondary goals:
	Apr 23, 2025			Apr 23, 2025		
Narrative:						

Transportation:

Are the student's transit time and transportation needs the same as that of non-disabled peers?

- Yes
- No

If **No**, describe and justify these needs. **Record as a related service if additional provisions are necessary.**

If transportation is indicated as a related service, list and describe any criteria needed to determine health-related need for special education transportation.

Accessible Materials:

Does the student need instructional materials provided in an accessible format to receive a free and appropriate public education? (FAPE)

- Yes
- No

If **Yes**, describe the environments, tasks, tools, and services related to their provisions:

Assistive Technology:

Does the student need assistive technology?

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Yes

No

If **Yes**, describe the assistive technology required if any:

--

Extended School Year:

The student is expected to regress to a lower level of academic or behavioral functioning evidenced by a measurable decrease in the level of behaviors or skills that cannot be recovered with a reasonable amount of time after the interruption of education services.

The student is at a critical point of skill acquisition or readiness that would be lost or greatly reduced as a result of an interruption of services.

There are special circumstances that make extended school year services necessary to the provision of a free and appropriate public education (FAPE).

None

If applicable, record extended school year services required in order to provide a free and appropriate education for this student. **Record ESY services under special education and related services if needed.**

--

Aids/Supports:

Is support necessary to provide public agency personnel with the knowledge and skills necessary to implement the student's individualized education program?

Yes

No

If **Yes**, document the types and general intent of supports necessary to provide public agency personnel with the knowledge and skills necessary to implement the student's individualized education program and the general intent of the supports:

--

Program Modifications:

Describe any program modifications needed to enable the student to advance appropriately toward attaining the annual goals, to be involved in and make progress in the general education curriculum, to participate in extracurricular and other nonacademic activities or to be educated or participate with other students with disabilities and non-disabled students.

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Progress Reporting:

Describe when periodic reports on the progress the student is making toward meeting the annual goals will be provided:

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Rationale:

Describe the rationale for providing these services and supports as well as describing reasons for rejecting other options:

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Does this student require an Emergency Evacuation Plan?

Yes

No

If yes, where is the emergency evacuation plan located?

--

Does this student require a Health Plan?

Yes

No

If yes, where is the health plan located?

--

Does this student require a Crisis Plan?

Yes

No

If yes, where is the crisis plan located?

--

Classroom Accommodations

The selected accommodations should be provided to the student throughout the entire school

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day, as decided by the CCC, and are intended to increase the student's access to and progress in the general education curriculum. These accommodations constitute an integral part of student's free appropriate public education (FAPE)

- Student is provided with additional breaks
- Student is provided a Braille test format: UEB and/or UEB with Nemeth Contracted, Standard for All Grades
- Student works best in a small group
- Student is provided use of special furniture or equipment for viewing classroom materials
- Student is provided access to sound amplification system (designated feature)
- Student is provided assistive technology to magnify/enlarge (designated feature)
- Student is provided acetate film for paper materials
- Student is provided headphones to block out distractions (no music, headphones are sound dampening only)
- Student is provided access to a scribe
- Student is allowed to use alternative indication of response (e.g., circle, point to, state, or use assistive technology device to indicate answer choice)
- Student is provided preferential seating (universal feature)
- Student is provided special lighting conditions (designated feature)
- Student is provided access to own resources (i.e., bold print protractor, real coins, bold/raised line graph paper, bold/raised line writing paper)
- Student is allowed to use lined paper turned sideways to help align math problems
- Student is provided a low-tech assistive writing instrument
- Student may use Scratch/blank paper (including lined or graph paper)
- Student has use of an approved, bilingual word-to-word dictionary for classwork, homework, and assessments
- Student is tested individually
- Student is permitted to read aloud to self
- Student has use of a calculator in classwork, homework, and assessments
- Student is provided with extra time
- Student is provided access to assistive technology device(s)
- Student is provided word completion
- Student is provided a hundreds chart for mathematics classwork, homework, and assessment
- Student is provided a multiplication table for mathematics classwork, homework, and assessment
- Student is provided sign language
- Student is provided color contrast for visual accessibility

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- Student is provided access to large print paper version of the text
- Student is provided a paper format for electronic items
- Student is provided access to speech-to-text
- Directions and content read aloud to the student (text to speech)
- Directions and content read aloud to the student (human reader)
- Directions and content signed to the student

Continue below for all students.

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Least Restrictive Environment and Program

LRE Placement Category based on Federal Program Types:

School Age (6-21) - Student will be Age 6+ as of next December 1st.

- 50-Regular class 80% or more (In a regular classroom for 80% or more of the day)
- 51-Resource Room (In a regular class for 40% to 79% of the day)
- 52-Separate Class (In a regular class for less than 40% of the day)
- 53-Separate day school facility
- 54-Residential Facility
- 55-Correctional Facility
- 56-Parentally placed in private school
- 57-Homebound/hospital

Early Childhood (3-5) - Student will not be 6+ as of the next December 1st.

- 26-In a regular early childhood program at least 10 hours per week and receiving the majority of services there.
- 27-In a regular early childhood program at least 10 hours per week and receiving the majority of services in some other location.
- 28-In a regular early childhood program less than 10 hours per week and receiving the majority of services there.
- 29-In a regular early childhood program less than 10 hours per week and receiving the majority of services in some other location.
- 33-Separate Class
- 34-Separate School
- 35-Residential Facility
- 36-Service Provider Location
- 37-Home

Additional Descriptors of Least Restrictive Environment (if any):

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Summarize the discussion and consideration of any potentially harmful effects of the suggested services on the student or on the quality of services needed:

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Describe the reasons for placement determination including the other options considered and the reasons these options were rejected:

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If you have indicated this student meets the eligibility criteria for Emotional Disability, select the best descriptor of this student's level of services:

FULL TIME (receives special education support or services 50% or more of the school day)

OTHER (receives special education support or services less than 50% of the school day)

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General Consideration

Consider the student's participation in general education and record and supplementary aids and services that are determined by the case conference committee to be appropriate and necessary in order to afford the student equal opportunity to for participation with non-disabled students.

Yes, the student will be able to participate in all educational programs and activities available to non-disabled students.

No, state the exceptions and describe the reasoning for these exceptions:

--

Yes, the student will be able to participate in all non-educational and extracurricular activities available to non-disabled students.

No, state the exceptions and describe the reasoning for these exceptions:

--

Yes, the student will participate in the general physical education program available to non-disabled students.

No, state the exceptions and describe the reasoning for these exceptions:

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Yes, the student will be educated in the school he or she would attend if not disabled.

No, state the exceptions and describe the reasoning for these exceptions:

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Yes, the length of the instructional day will be the same as the instructional day for non-disabled peers.

No, state the exceptions and describe the reasoning for these exceptions:

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Program Information

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Corporation of Legal Settlement and Code:

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School of Legal Settlement and Code:

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If the educating district differs from the student's Corporation and school of legal settlement:
Educating District and Code:

--

Educating School and Code:

--

Educating School is non-public and accredited.

Educating School is non-public and non-accredited.

If the Educating School is non-public and non-accredited, select the facility type.

01: nonpublic school, not contracted for preschool (PK) students with disabilities

02: Community based preschool or – Head Start

03: Neglected or Delinquent Institutions

04: Court ordered Facility

05: Nonpublic school, not accredited

06: Health Institution

07: Nonpublic school contracted for preschool students with disabilities

08: Out of State Facility

99: Not applicable, state assigned school number provided

Next Projected Educating Program or School:

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Reevaluation:

The public agency must consider reevaluation for each student receiving special education and related services at least once every three (3) years unless the parent and the public agency agree that it is unnecessary. In addition, the public agency must consider reevaluation if the public agency determines at any time during the three (3) year cycle that additional information is needed to address the special education or related services needs of the student, or if the student's parent or teacher requests an evaluation.

Initial Eligibility Date:

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DOB:	Age:	Grade:	Gender:

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Triennial (3 Year) Reevaluation Date:

The Case Conference Committee has reviewed existing data and has determined:

Information is needed to reestablish eligibility for special education and related services (12-month timeline)

Information is needed to determine that the student is eligible for special education under a different or additional eligibility category (50 instructional day timeline)

Information is needed to inform the student's case conference committee of the student's special education and related service needs (50 instructional day timeline)

There is no need for reevaluation of information

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Participants

The following individuals participated in the case conference committee meeting. Those individuals identified as Teacher of Record, General Education Teacher, Public Agency Rep, and Instructional Strategist attended the entire meeting unless written parental excusal was obtained before the meeting.

Position	Name	Additional Title

Written Notes and Other Relevant Factors:

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