

IEP DATES			
<b>IEP Team Meeting</b>	<b>Initial IEP</b>	<b>Annual/Review IEP</b>	<b>Reevaluation IEP</b>
	Offer of a FAPE: _____ Implementation: _____	Offer of a FAPE: _____ Implementation: _____	Offer of a FAPE: _____ Implementation: _____

## Individualized Education Program (IEP)

### Section 1 Demographic Information

<b>Student</b>	Last: _____	First: _____	M: _____	Birth Date: _____	Gender: _____	Grade: _____	UIC: _____
Address: _____				City: _____		State: _____	Zip: _____
Phone: _____							
Resident District: _____				Operating District: _____			
County: _____				Attending Building: _____			
<b>Parent</b>	Last: _____	First: _____	M: _____	Relationship to Student: _____			
Native Language or Other Communication Mode: _____							
Address (if different): _____				City: _____		State: _____	Zip: _____
Home Phone: _____			Work Phone: _____			Pager/Cell: _____	
Email: _____							
<b>Parent</b>	Last: _____	First: _____	M: _____	Relationship to Student: _____			
Native Language or Other Communication Mode: _____							
Address (if different): _____				City: _____		State: _____	Zip: _____
Home Phone: _____			Work Phone: _____			Pager/Cell: _____	
Email: _____							

PURPOSE OF MEETING	
Check one of the following: <input type="checkbox"/> Initial IEP <input type="checkbox"/> Annual/Review IEP <input type="checkbox"/> Reevaluation IEP	Check all others that apply: <input type="checkbox"/> Change of Placement <input type="checkbox"/> Suspension/Expulsion <input type="checkbox"/> Graduation <input type="checkbox"/> Other: _____ <input type="checkbox"/> Secondary Transition <input type="checkbox"/> Change of Eligibility <input type="checkbox"/> Other: _____

..... **OFFICE USE** .....

PARENT CONTACT
The parent/adult student was contacted to explain the purpose of the meeting and the roles and responsibilities of each participant via (check all that apply): <input type="checkbox"/> IEP Invitation <input type="checkbox"/> Letter <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____
Results: _____

**PARENTAL RIGHTS AND AGE OF MAJORITY**

Check all that apply:

- The student will be age 17** during this IEP and the student was informed of parental rights that he or she will receive at age 18.
- The student has turned age 18** and the student and parent were informed of parental rights that were transferred to the student at age 18, including the right to invite a support person such as a parent, advocate, or friend.
- The student has turned age 18** and there is a guardian established by court order. The guardian is: \_\_\_\_\_.
- The student has turned age 18** and a legally designated representative has been appointed. The representative is: \_\_\_\_\_ as \_\_\_\_\_.  
*(e.g., power of attorney, trustee)*

**IEP MEETING PARTICIPANTS IN ATTENDANCE**

Check the box  indicating the IEP participant(s) who can explain the instructional implications of evaluation results.

- |   |   |
|---|---|
| _____ Student (must invite at age 16 and older)   | <input type="checkbox"/> District Representative/Designee |
| _____ Parent  | <input type="checkbox"/> General Education Teacher        |
| _____ Parent  | <input type="checkbox"/> Special Education Teacher        |
| <input type="checkbox"/> Agency Providing Secondary Transition Services (consent on file) | <input type="checkbox"/> Other                            |
| <input type="checkbox"/> Other  | <input type="checkbox"/> Other                            |

**Parent and District Agreement on Attendance Not Necessary**

These members are absent; their curricular area/related services are not being modified or discussed in the meeting: \_\_\_\_\_

**Parent and District Agreement on Excusal Prior to Meeting**

These members are absent and have submitted written input to the IEP team, including the parent, prior to the meeting: \_\_\_\_\_

**ELIGIBILITY FOR SPECIAL EDUCATION**

- Eligible     Ineligible

Area of disability: \_\_\_\_\_

If the student is determined ineligible as a student with a specific learning disability (SLD), provide a statement of the basis for the determination of ineligibility:

\_\_\_\_\_

If the student is determined eligible as a student with an SLD, check all that apply:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Oral expression        | <input type="checkbox"/> Listening comprehension | <input type="checkbox"/> Written expression      | <input type="checkbox"/> Basic reading skill         |
| <input type="checkbox"/> Reading fluency skills | <input type="checkbox"/> Reading comprehension   | <input type="checkbox"/> Mathematics calculation | <input type="checkbox"/> Mathematics problem solving |

Determination of eligibility was made in accordance with IDEA regulations at § 300.306(c)(1).