

Date of Meeting _____

PURPOSE OF IEP MEETING (check one): Initial Annual Review Three-Year Rev. Placement Change
 Interim Behavior Plan Transition Plan Special Review For: _____

STUDENT DATA

STUDENT: _____ DOB: ____/____/____ AGE: ____ GENDER (check one): M F
SOC. SEC. #: _____ SELPA ID #: _____
ETHNICITY (check one): Caucasian Hispanic African-American Other: _____
LANGUAGE: _____ LANGUAGE PROFICIENCY: English only ELL FEP
ADDRESS: _____ CITY/STATE/ZIP: _____
DISTRICT RESIDENCE: _____ SCHOOL: _____ GRADE: _____
DISTRICT ATTENDANCE: _____ INTERDISTRICT: T F

LAST ELIGIBILITY ASSESSMENT DATE: _____ FIRST SPECIAL EDUCATION ENTRANCE DATE: _____

IF NOT INITIAL IEP MEETING, CURRENT PLACEMENT

DIS Only RSP SDC Non-Public School Other: _____

PARENT/GUARDIAN DATA

PARENT/GUARDIAN: _____ RELATIONSHIP TO STUDENT _____

IF DIFFERENT FROM STUDENT ADDRESS: _____

PHONE #: (#1) _____ (#2) _____ PARENT LANGUAGE: _____

STUDENT RESIDES WITH (check one): Parent/Guardian LCI (Lic. Child. Inst.) FFH (Fstr. Fam. Home) Other

IF STUDENT IN LCI OR FFH, NAME OF PLACING 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: _____ Written Telephone

Parent/Guardian did not attend IEP meeting - What action will be taken? _____