

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? \_\_\_\_\_