

**General Student Information**

HOMEBASED SCHOOL: \_\_\_\_\_ OTHER SCHOOL: \_\_\_\_\_

IEP TYPE: \_\_\_\_\_ INDIVIDUAL EVALUATION / WAIVER DATE: \_\_\_\_\_

Primary / Other	Exceptionality	Detail(s)
Primary		
Other		

IEP Participants	Name	IEP Participants	Name

Include initial or most recent evaluation information, strengths, parental concerns, district or statewide assessment results, student interests, health concerns, pertinent social emotional information, and input from regular education teachers.

General Information about the Student including Student Interests:	
Strengths:	
Parent Concerns:	
Evaluation / Reevaluation Results:	
Input from Regular Teacher:	
Statewide Assessment Results:	
Pertinent social emotional information, including behavior concerns:	

Section 504 Plan  (Attach if student requires accommodations and/or modifications.)

Educational Needs:  Academic and/or Enrichment  Social

**Instructional Plan #** \_\_\_\_\_

EDUCATIONAL NEED AREA: \_\_\_\_\_ CONTENT AREA: \_\_\_\_\_

Present Level of Academic Achievement and Functional Performance

Empty text box for Present Level of Academic Achievement and Functional Performance.

Measurable Academic / Functional Goal

Empty text box for Measurable Academic / Functional Goal.

Method of Measurement: \_\_\_\_\_

Date Achieved: \_\_\_\_\_

Additional Methods of Measurement: \_\_\_\_\_

PERSONNEL RESPONSIBLE FOR IMPLEMENTING GOAL (Check by position)

- Special EducationTeacher
- Regular EducationTeacher
- Parent
- Student
- Other (List)

Empty text box for listing other personnel responsible for implementing the goal.

**Services / Placement**

STUDENTS TOTAL INSTRUCTIONAL DAY (Minutes): \_\_\_\_\_

Student attends school  days per week.

Service	Date to Begin	Duration	Individual / Group	Regular Class		Community		Special Class	
				Minutes	Sessions	Minutes	Sessions	Minutes	Sessions
Total Number of Minutes in Special Setting per Week: _____									

**PLACEMENT/SERVICE DETERMINATION CHECKLIST**
 Receives majority of hours of special education and related services in the regular early childhood program

Service	Date to Begin	Frequency	Individual / Group	Regular Class		Community		Special Class	
				Minutes	Sessions	Minutes	Sessions	Minutes	Sessions
Total Number of Minutes in Special Setting per Week: _____									

**COMMENTS****Program Services****Special Transportation**
 No     Yes - Describe

**PROGRESS REPORT**

The LEA assures that the program and services described in the IEP will be provided. The schedule for describing the progress towards achievement of the academic and functional annual goals will be every  weeks, current with the issuance of report cards.

**AGE OF MAJORITY**
 Beginning at least one year before reaching the age of majority, I (my child) have been informed that my (his or her) rights under the act will transfer to me (my child) on my (his or her) reaching the age of majority
**PARENT/STUDENT\* CONSENT FOR SERVICES**
 I have received a copy of the "Louisiana Educational Rights of Gifted/Talented Children in Public Schools", and was given an opportunity for an oral explanation.

 I give consent for the initial provision of special education and related services.

 I understand that if I disagree with any services or the placement described on the IEP, I can pursue a solution to my complaint through the written dispute resolution option procedures established by the state.

 Parent / Student did not attend the **Review** IEP Team meeting.

**SIGN:**  
 PARENT/GUARDIAN/SURROGATE PARENT/COMPETENT MAJOR/STUDENT

Date \_\_\_\_\_

PRINT:

**SIGN:**  
 OFFICIALLY DESIGNATED REPRESENTATIVE OF LOCAL EDUCATION AGENCY

Date \_\_\_\_\_

PRINT:

 \*Signature is only required for the **initial** provision of services.