

INDIVIDUALIZED EDUCATION PROGRAM (IEP) Student Data and Services

Student's Legal Name (First, Middle, Last): **N-224**

Male Female **N-275**

Birth date: **N-225**

Social Security Number: **N-241**

Name of Parent: **N-259** or **N-260**

Parent Mailing Address: **N-263** or **N-264**

Parent Home Phone: **N-266** or **N-267**

Parent Work Phone: **N-280** or **N-281**

Name of Legal Guardian (if applicable): **N-276**

Legal Guardian Mailing Address: **N-277**

Legal Guardian Home Phone: **N-278**

Legal Guardian Work Phone: **N-279**

Case Carrier: **N-284**

Date This IEP: **N-285**

Date initial Placement: **N-286**

Next IEP Date: **N-287**

Most Recent Triennial Date: **N-288**

Next Triennial Date: **N-289**

Purpose of the Meeting: **N-290**

Initial IEP Annual Review Triennial Transition

Exit Other

Plan Type: **N-291**

IEP IFSP ISP

Student's Ethnicity: **N-282**

Native American

African American

White Hispanic Other

Student's Residency - **N-283**

Parent/Guardian Foster Home

Licensed Children's Institution

Other

Home Language: **N-293**

Student's Language: **N-294**

Level of Proficiency: **N-296**

Agency Services: (Select One) **N-292**

CA Child Services Dept of Rehab

County Mental Health Regional Center

Dept of Social Services

Protective Services

Other _____

Grade: **N-256** School District of Residence: **N-297** Attending School: **N-298** School Type: **N-299** Previous School: **N-300**

The IEP team finds that the student is is not eligible for special education based on _____ **N-301**

PRIMARY DISABILITY: (Select One) **N-302**

Autism

Specific Learning Disability

Hard of Hearing

Specific Language Impaired

Deaf

Other Health Impaired

Deaf-Blind

Multiple Disabilities

Visually Impaired

Traumatic Brain Injury

Emotional Disturbance

Mental Retardation

Established Medical Disability

Orthopedic Impairment

Primary Disability is: Severe Non-Severe **N-303**

PRIMARY SERVICE RECOMMENDED: (Select All That Apply)

Considered

Recommended

N-768 General Education

N-774

N-769 Designated instruction

N-775

N-770 Resource Specialist

N-776

N-771 Special Day Class

N-777

N-772 Non-Public School

N-778

N-773 Other _____

N-779

PROGRAM INFORMATION

Physical Education: (Select One) **N-306**

General Phys Ed.

Modified Gen. P.E.

Specially Designed

Adapted P.E.

PROGRAM INFORMATION (Select All That Apply)

Migrant Education No Yes **N-308**

Work Ability No Yes **N-309**

Special Education Transportation No Yes **N-310**

Extended School Year No Yes **N-311**

Transition Language No Yes **N-312**

STATE ASSESSMENT: (Select One) **N-313**

no participation no accommodations/modifications accommodations recommended modifications recommended

full assessment alternate assessment standard measures alternate assessment non-standard measures

Service(s)	Serving	Start Date	End Date	Frequency	Time	Period
N-314	N-315	N-316	N-317	N-318	N-319	N-320

Percentage of time student participates outside general education setting for special education services: **N-321**

Recommended additional data elements: **N-257, N-761, N-762, N-764, N-765, N-767**