

## Individualized Education Program (IEP)

(Use multiple sheets as necessary)

**Student:** \_\_\_\_\_ DOB \_\_\_\_\_ IEP Meeting \_\_\_\_\_

Attending School \_\_\_\_\_ Grade \_\_\_\_\_ Primary Server \_\_\_\_\_

Classification \_\_\_\_\_ Eligibility Date \_\_\_\_\_ Next Re-Evaluation \_\_\_\_\_

**Present Levels of Academic Achievement and Functional Performance:**

For students 16 and over (or younger if appropriate), correlate with Transition Plan on PLAAFP and Goals.

For school-age students, describe how the student's disability affects student's involvement and progress in the general education curriculum. For preschool age students, describe how the disability affects the student's participation in appropriate activities.