



DISTRICT OF COLUMBIA  
PUBLIC SCHOOLS

Office of Special Education

**Individualized Education Program (IEP)**

**STUDENT INFORMATION**

Student Name Bryce Saunders	Student ID 9250485	Grade 1st Grade	Gender M	DOB 11/11/2003	Primary Language
Student's Address 663 Emerson St. NE	City Washington	State DC	Zip Code 20017		
Attending School Hearst ES	School Phone Number 282-0106				

**PARENT INFORMATION**

Name Christine Walker	Relationship Mother	Home Phone	Work Phone	Cell Phone 202-427-4738
Address 663 Emerson St. NE	City Washington	State DC	Zip 20017	

**IEP INFORMATION**

Last Eligibility Date 05/26/2009	Last IEP Date 04/27/2010	Primary Disability Speech or Language Impairment	Current IEP Date 03/25/2011
Case Manager Devin Johnson	Phone # 282-0106		

**IEP MEETING PARTICIPANTS**

Name, Title	Attended Meeting	Participated by Phone	Signature
Student, Bryce Saunders	<input type="checkbox"/>	<input type="checkbox"/>	
Mother, Christine Walker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Special Education Coordinators, Devin Johnson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Devin Johnson
Speech/Language Pathologist, Elpida Athanasiadis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E. Athanasiadis
Special Education Teacher, Cathie Laurins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Lisa Burnham	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
* Aaron K Saunders [DAO]	<input type="checkbox"/>	<input type="checkbox"/>	

☐ I agree with the contents of this IEP. I have had an opportunity to be involved in the development of this IEP. I have received a copy of this IEP and a copy of the procedural safeguards and parent rights pertaining to special education. I provide consent for services to be initiated as indicated in this IEP document.

Parent/Guardian Signature :

Date:

3/25/11

3/25/11

1.866.610.8030

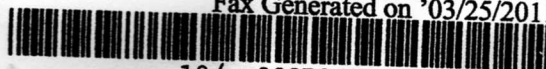
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Saunders, Bryce

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