

SCHOOL DISTRICT IDENTIFYING INFORMATION

STUDENT INFORMATION SUMMARY

STUDENT NAME: AGE: DATE OF BIRTH: DISABILITY CLASSIFICATION:	LOCAL STUDENT ID #: DATE IEP DEVELOPED / DATE OF COMMITTEE MEETING: TYPE OF MEETING:
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ADDRESS: TELEPHONE #: COUNTY OF RESIDENCE: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> X <input type="checkbox"/> NATIVE LANGUAGE OF STUDENT: INTERPRETER FOR STUDENT NEEDED: YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, SPECIFY LANGUAGE: RACIAL/ETHNIC GROUP OF STUDENT: SURROGATE PARENT NEEDED: YES <input type="checkbox"/> NO <input type="checkbox"/>	ELIGIBLE FOR 12-MONTH SERVICE AND/OR PROGRAM: YES <input type="checkbox"/> NO <input type="checkbox"/> PROJECTED DATE OF ANNUAL REVIEW MEETING: PROJECTED DATE OF THREE-YEAR REEVALUATION: CURRENT GRADE / GRADE EQUIVALENT: CREDITS EARNED TOWARD GRADUATION WITH A REGENTS OR LOCAL DIPLOMA: DIPLOMA TYPE EXPECTED: STUDENT WITH LIMITED ENGLISH PROFICIENCY: YES <input type="checkbox"/> NO <input type="checkbox"/> MEDICAL ALERTS AND/OR CONCERNS: TRANSPORTATION: <input type="checkbox"/> PER DISTRICT POLICY <input type="checkbox"/> SPECIAL TRANSPORTATION REQUIRED TRANSPORTATION OPTIONS FOR PRESCHOOL CHILD: <input type="checkbox"/> NO TRANSPORTATION NEEDED <input type="checkbox"/> TRANSPORTATION PROVIDED BY MUNICIPALITY <input type="checkbox"/> PARENT WILL TRANSPORT CHILD AT PUBLIC EXPENSE
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MEETING PARTICIPANTS: