

STUDENT INFORMATION AND SERVICES

Ventura County Special Education Local Plan Area (SELPA) Individualized Education Program (IEP)

| | | | | | |
|--------------------------------------|--|-----------|-------------|---|---------------------------------|
| Student _____ | D.O.B. _____ | Age _____ | Grade _____ | Sex _____ | Meeting Date _____ |
| Parent/Guardian/Surrogate Name _____ | Case Manager _____ | | | | Meeting Purpose _____ |
| Address _____ | Case Manager Phone _____ | | | | Teacher _____ |
| Phone _____ | School Attending _____ | | | | Student ID # _____ |
| Parent/Guardian Name _____ | Home School _____ | | | | SSID# _____ |
| Address _____ | Native Language _____ | | | | District of Service (DOS) _____ |
| Phone _____ | <input type="checkbox"/> EO <input type="checkbox"/> IFEP <input type="checkbox"/> EL (see ELD page) <input type="checkbox"/> RFEP _____ | | | | District of Residence _____ |
| E-mail: _____ | | | | <input type="checkbox"/> Eligible for Migrant Program | |

| | | | | |
|--|---|--|--|---|
| <p style="text-align: center;">Dates</p> <p>Initial entry (0-22) _____ Next Review _____ Initial IEP _____ Next Triennial _____ Implementation (this plan) _____ Exit Date _____ Exit Reason _____</p> | <p style="text-align: center;">Agency Services (outside of IEP)</p> <p><input type="checkbox"/> None <input type="checkbox"/> Regional Center (RC) <input type="checkbox"/> CCS <input type="checkbox"/> Mental Health (DMH) <input type="checkbox"/> Social Services <input type="checkbox"/> Rehabilitation (DR) <input type="checkbox"/> Other Agency _____</p> | <p style="text-align: center;">Ethnicity/Race</p> <p>Hispanic/Latino _____ Race: _____ _____ _____</p> | <p style="text-align: center;">Residency</p> <p><input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Hospital <input type="checkbox"/> Foster # _____ <input type="checkbox"/> Incarcerated <input type="checkbox"/> LCI# _____ <input type="checkbox"/> Other <input type="checkbox"/> Residential Facility</p> | |
| <p style="text-align: center;">Eligibility (Check Primary)</p> <p><input type="checkbox"/> Intellectual Disabilities <input type="checkbox"/> Emotional Disturbance <input type="checkbox"/> Deafness (LI) <input type="checkbox"/> Speech/Language Impairment <input type="checkbox"/> Other Health Impairment <input type="checkbox"/> Visual Impairment (LI) <input type="checkbox"/> Specific Learning Disability* <input type="checkbox"/> Multiple Disability <input type="checkbox"/> Orthopedic Impairment (LI) <input type="checkbox"/> Autism <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Hard of Hearing (LI) <input type="checkbox"/> Deaf/Blindness (LI) <input type="checkbox"/> Established Medical Disability (3-4 year olds)</p> <p>Secondary (If any) _____ *SLD Eligibility Summary Page attached for Initial and Triennial IEPs LI = Low Incidence – must be listed as either primary or secondary to generate funds - use Least Restrictive Environment page for specialized equipment, if needed.</p> | <p style="text-align: center;">Health: Physical, Mental <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Specialized Physical Health Care Service(s) <input type="checkbox"/> Emergency Plan <input type="checkbox"/> Health Care Plan Mental Health Services (Chapter 26.5) <input type="checkbox"/> Eligible <input type="checkbox"/> Receiving <input type="checkbox"/> Positive Behavior Support Plan</p> <p style="text-align: center;">Special Transportation</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Special Requirements: _____ Emergency Drop off: _____</p> | <p style="text-align: center;">In General Education</p> <p>____ Percent of the school day that the student is in the general education classroom/setting (ages 3-22). Federal Setting (ages 3-5) _____</p> | | |
| <p><input type="checkbox"/> Not Eligible (explanation/comments)</p> | <p style="text-align: center;">Physical Education</p> <p><input type="checkbox"/> General <input type="checkbox"/> Adapted <input type="checkbox"/> Modified General <input type="checkbox"/> Exempt <input type="checkbox"/> Specially Designed <input type="checkbox"/> N/A</p> | <p style="text-align: center;">Out of District Transfer</p> <p>Transfer to: _____ Date: _____</p> | | |
| | | <p style="text-align: center;">Dismissed From</p> <p>Service: _____ Date: _____</p> | | |
| <p style="text-align: center;">Special Education Services and/or Related Services</p> <p>1. Primary: _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____</p> | <p style="text-align: center;">Location</p> <p>_____ _____ _____ _____ _____ _____ _____</p> | <p style="text-align: center;">Frequency</p> <p>_____ _____ _____ _____ _____ _____ _____</p> | <p style="text-align: center;">Total Minutes</p> <p>_____ _____ _____ _____ _____ _____ _____</p> | <p style="text-align: center;">Provider</p> <p>_____ _____ _____ _____ _____ _____ _____</p> |

Note: Services will not be provided during holidays or school breaks, per the student's school calendar. Services are expected to continue until next IEP review. If not, specify _____

Copy to: District Office General Education/Cumulative File Case Manager Parent/Adult Student Related Services Agency Other _____