

**STUDENT INFORMATION AND SERVICES**

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

Student Chris Michaels  
 Parent/Guardian/Surrogate Name Mary Garcia-Michaels  
 Address 1234 Oak Hill Lane, Ventura  
 Phone (805) 555-1212  
 Parent/Guardian Name David Michaels  
 Address 129 N. Central Ave., Thousand Oaks  
 Phone (805) 343-7891  
 E-mail: \_\_\_\_\_

D.O.B. 10-3-93 Age 16 Grade 11 Sex M  
 Case Manager Susan Johnson  
 Case Manager Phone (805) 993-2111  
 School Attending Ventura High School  
 Home School Ventura High School  
 Native Language Spanish  
 EO  EL (see ELD page)  FEP  RFP

Meeting Date 5-16-10  
 Meeting Purpose Triennial Review  
 Teacher Darrin Hunt  
 Student ID # 16451  
 SSID# 1234567899  
 District of Service Ventura USD  
 District of Residence Ventura USD  
 Eligible for Migrant Program

Initial IFSP/IEP <u>4-15-00</u> Implementation <u>5-17-09</u> Exit Date _____ Exit Reason _____	<b>Dates</b> Next Review <u>5-16-10</u> Next Triennial <u>5-16-12</u>	<input checked="" type="checkbox"/> None <input type="checkbox"/> CCS <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Other Agency _____	<input type="checkbox"/> Regional Center <input type="checkbox"/> Mental Health <input type="checkbox"/> Social Services	Ethnicity/Race Hispanic/Latino <input type="checkbox"/> yes Race: <u>White</u>	Residency <input checked="" type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Foster # _____ <input type="checkbox"/> LCI# _____ <input type="checkbox"/> Residential Facility <input type="checkbox"/> Hospital <input type="checkbox"/> Incarcerated <input type="checkbox"/> Other
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**Eligibility (Check Primary)**

Intellectual Disabilities  
 Emotional Disturbance  
 Deafness (LI)  
 Speech-Language Impairment  
 Other Health Impairment  
 Visual Impairment (LI)  
 Specific Learning Disability\*  
 Multiple Disability  
 Orthopedic Impairment (LI)  
 Autism  
 Traumatic Brain Injury  
 Hard of Hearing (LI)  
 Deaf/Blindness (LI)  
 Established Medical Disability (3-4 year olds)

Secondary (If any) Speech-Language Impairment

\*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.)

**Health: Physical, Mental**  N/A

Specialized Physical Health Care Service(s)  
 Emergency Plan  Health Care Plan  
 Mental Health Services (Chapter 26.5)  
 Eligible  Receiving  
 Positive Behavior Support Plan

**Special Transportation**

Yes  No  
 If yes, specify level:  1  2  3  4  5  
 Special Requirements: \_\_\_\_\_  
 Emergency Drop off: \_\_\_\_\_

**In General Education**

86 Percent of the school day that the student is in the general education classroom/setting (ages 3-22).  
 Federal Setting (ages 3-5) \_\_\_\_\_

**Out of District Transfer**

Transfer to: \_\_\_\_\_  
 Date: \_\_\_\_\_

Not Eligible (explanation/comments)

**Physical Education**

General  Adapted  
 Modified General  Exempt  
 Specially Designed  N/A

**Dismissed From**

Service: \_\_\_\_\_  
 Date: \_\_\_\_\_

Special Education Services and/or Related Services	Location	Frequency	Minutes	Provider
1. Primary: <u>Specialized Academic Instruction- Math</u>	<u>General Ed</u>	<u>Daily</u>	<u>55</u>	<u>District of Service</u>
2. <u>Specialized Academic Instruction- Directed Studies</u>	<u>Classroom</u>	<u>Daily</u>	<u>55</u>	<u>District of Service</u>
3. <u>Speech &amp; Language</u>	<u>Separate Class</u>	<u>Weekly</u>	<u>30</u>	<u>District of Service</u>
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

**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 Speech & Language- until March 11.

**Copy to:**  District Office  General Education/Cumulative  Case Manager  Parent/Adult Student  Related Services  Agency  Other \_\_\_\_\_