

**SANTA CLARA COUNTY
INDIVIDUALIZED EDUCATION PROGRAM**

Page ____ of ____

Last Name _____ First Name _____ IEP Date ____/____/____

Last IEP ____/____/____ Next IEP ____/____/____ Original SpEd Entry Date ____/____/____

Last Eval ____/____/____ Next Eval ____/____/____

Purpose of Meeting Initial Annual Triennial Transition Pre-Expulsion Interim
 Expanded IEP Other _____

Birthdate ____/____/____ Age _____ Gender _____ Grade _____ Migrant Yes No

Native Language _____ EL Yes No Redesignated Interpreter Yes No

Student ID _____ SSN # _____ SSID # _____

Residency Parent/Guardian Foster _____ LCI _____
 Adult Student Other _____

Parent/Guardian Home Phone _____
 Home Address _____ Work Phone _____
 _____ Cell Phone _____
 _____ Email Address _____

Parent/Guardian Home Phone _____
 Home Address _____ Work Phone _____
 _____ Cell Phone _____
 _____ Email Address _____

District of Residence _____ Residence School _____

Ethnicity: (Select One) Hispanic or Latino Not Hispanic or Latino

Race: (Enter Code; must select one or more, regardless of Ethnicity): 1. _____ 2. _____ 3. _____ 4. _____

INDICATE DISABILITY/S (P = Primary, S = Secondary) Note: For Initial and triennial IEPs, assessment must be done and discussed by IEP Team before determining eligibility.

_____ 210 ID _____ 220 HH * _____ 230 Deaf * _____ 240 SLI _____ 250 VI *
 _____ 260 ED _____ 270 OI * _____ 280 OHI _____ 290 SLD _____ 300 DB *
 _____ 310 MD _____ 320 AUT _____ 330 TBI _____ 281 Est. Med. Dis. (0-5)

* Low Incidence Disability

_____ Not Eligible for Special Education _____ Exiting from Sp. ED. (returned to reg. ed/no longer eligible)

Describe how student's disability affects involvement and progress in the general curriculum (or for preschoolers, participation in appropriate activities)

Triennial (3 Year) Re-evaluation

- Triennial Re-evaluation not due prior to next IEP review date.
- Triennial Re-evaluation due prior to or on next IEP review date.
 - Summary of Progress and Current Educational Performance
 - Full Re-evaluation
 - Other _____

For Initial Placements Only

- Has the student received IDEA Coordinated Early Intervening Services (CEIS) in the past two years?
 - Yes No
- Date of Initial Referral for Special Education Services ____/____/____
- Person Initiating the Referral for Special Education Services _____
- Date District Received Parent Consent ____/____/____
- Date of Initial Meeting to Determine Eligibility ____/____/____