

INDIVIDUALIZED EDUCATION PROGRAM (CONFERENCE SUMMARY REPORT)

STUDENT: _____ Gender _____
 Last (Legal) First Middle
 DATE OF MEETING: _____ DATE OF MOST RECENT EVALUATION _____ DATE OF NEXT REEVALUATION _____

PURPOSE OF CONFERENCE (Check all that apply)

- Review of Existing Data
 Reevaluation
 IEP Review/Revision
 Manifestation Determination
 Termination of Placement
 Initial Eligibility
 Initial IEP
 Transition
 Graduation
 Other _____

STUDENT IDENTIFICATION INFORMATION

Student's Address (Street, City, State, Zip Code)	Student's Date of Birth	SIS ID Number
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Ethnicity	Language Used by Student	Mode of Communication Used by Student	Current Grade Level	Anticipated Date of HS Graduation
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Placement (To Be Completed After Placement Determination) <input type="checkbox"/> Yes <input type="checkbox"/> No Placement is in Resident School	Disability(s)	Medicaid Number
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Resident District	Serving District
Resident School	Serving School

PARENT/GUARDIAN INFORMATION

(1) Parent's Name <input type="checkbox"/> Educational Surrogate Parent	(2) Parent's Name <input type="checkbox"/> Educational Surrogate Parent
(1) Parent's Address (Street, City, State, Zip Code) (If different)	(2) Parent's Address (Street, City, State, Zip Code) (If different)
(1) Parent's Telephone Number (Include Area Code)	(2) Parent's Telephone Number (Include Area Code) (If different)
(1) Language/Mode of Communication Used by Parent(s)	(2) Language/Mode of Communication Used by Parent(s)
Interpreter <input type="checkbox"/> Yes <input type="checkbox"/> No	Interpreter <input type="checkbox"/> Yes <input type="checkbox"/> No

PARTICIPANTS INFORMATION

Signature indicates attendance. Check appropriate boxes to indicate which meetings were attended. Anyone serving in a dual role should indicate so on the following lines. If a required participant participates through written input or is excused from all or part of the IEP meeting, the required excusal and written report, as necessary, is attached.

ELIG. REVIEW	IEP		ELIG. REVIEW	IEP	
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Parent	<input type="checkbox"/>	<input type="checkbox"/>	Speech-Language Pathologist
<input type="checkbox"/>	<input type="checkbox"/>	Parent	<input type="checkbox"/>	<input type="checkbox"/>	Bilingual Specialist
<input type="checkbox"/>	<input type="checkbox"/>	Student	<input type="checkbox"/>	<input type="checkbox"/>	Interpreter
<input type="checkbox"/>	<input type="checkbox"/>	LEA Representative	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify) _____
<input type="checkbox"/>	<input type="checkbox"/>	General Education Teacher	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify) _____
<input type="checkbox"/>	<input type="checkbox"/>	Special Education Teacher	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify) _____
<input type="checkbox"/>	<input type="checkbox"/>	School Psychologist	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify) _____
<input type="checkbox"/>	<input type="checkbox"/>	School Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____

If the parent(s) did not attend the IEP meeting, document the attempts to contact the parent(s) prior to the IEP meeting.

PROCEDURAL SAFEGUARDS

Explanation of Procedural Safeguards were provided to/reviewed with the parent(s) on _____

Transfer of Rights - Seventeen-year old student informed of his/her rights that will transfer to the student upon reaching age 18 . Yes NA

Parent(s) were given a copy of the:

Evaluation report and eligibility determination IEP
 District's behavioral intervention policies District's behavioral Intervention procedures (initial IEP only)