

**INDIANA IEP SUMMARY SHEET**

**Student Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Date of Conference** \_\_\_\_\_ **Limited English Proficiency:** YES NO

**Current Grade Level** \_\_\_\_\_ **Grade Level Next School Year** \_\_\_\_\_

**Race/Ethnicity:** A. American Indian B. African American C. Asian D. White E. Multirace  
F. Hawaiian/Pacific Islander G. Hispanic

**Open Enrollment / Tuition Transfer – If yes, Corp. of Legal Settlement**  
(based on student’s residential address) \_\_\_\_\_

**School (as it appears in the IEP under Program Info. then under Corp.of Legal**

**Settlement)** \_\_\_\_\_ **Eligible for Spec Ed Services:** YES NO

**Educating School** \_\_\_\_\_ **Proj Educating Sch** \_\_\_\_\_  
(Current School Year) (Next School Year)

**Primary Area of Disability** \_\_\_\_\_

**Secondary Area of Disability** \_\_\_\_\_

**Primary Teacher of Record** \_\_\_\_\_

**Secondary Teacher of Record** \_\_\_\_\_

**Projected Primary Teacher of Record** \_\_\_\_\_  
(Next School Year)

**Projected Secondary Teacher of Record** \_\_\_\_\_  
(Next School Year)

**Current:** LRE selected \_\_\_\_\_ Gen Educ \_\_\_\_\_% Special Educ \_\_\_\_\_%

**Projected:** No Change \_\_\_\_\_ LRE selected \_\_\_\_\_ Gen Educ \_\_\_\_\_% Spec Educ \_\_\_\_\_%

**Extended School Year:** YES NO (If yes, completed ESY decision-making guide attached)

**Related Services:** NONE OT PT Trans Sch Based Therapy Teacher Aide  
Other \_\_\_\_\_

**Anniversary Date** \_\_\_\_\_ **Reeval is NOT required** \_\_\_\_\_ **Reeval is required** \_\_\_\_\_  
(JESSE OFFICE USE ONLY)

**Alternate Assessment** \_\_\_\_\_

**Permission for Voc Rehab attached:** YES \_\_\_\_\_ NO \_\_\_\_\_  
(Date signed)

**Medicaid for Health-Related Services parental permission obtained:** \_\_\_\_\_  
(Date signed)  
(Required for all initials and move-in conferences) (Do not obtain for service plans)

**Date Services End** \_\_\_\_\_

**August 2016**