INDIANA IEP SUMMARY SHEET (revised 8-17)

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. Multi-race
F. Hawaiian/Pacific Islander G. Hispanic

Foster placement: Yes No If yes, please include the DCS School Notification form completed by DCS Case Manager

Open Enrollment? If yes, enter Corp. of Legal Settlement based on student's residential address:
____

School ***(as it appears in the IEP>LRE Placement>Program Info., then under Corp. of Legal Settlement***)______________________________________ NOTE: **NOT SCHOOL CORPORATION NAME**

Educating School_________________________ Proj Educating School________________________
(Current School Year) (Next School Year)

Student attends: SAVE Plymouth Acad. The Crossing (Circle one) Shortened instructional day: YES NO

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________% (These % should be added under add'l descriptors in the IEP)

Projected (next school year): No Change______ LRE selected _______ Gen Educ ______% Spec Educ ______%

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

Related Services: NONE OT PT Trans Sch Based Therapy Nursing O/M Interpreter

Reeval is NOT required______ Reeval is required_____ ***PLEASE DOUBLE-CHECK REEVAL STATEMENT IN IEP***

ISTAR Assessment_____

Permission for Voc Rehab attached: YES ____________________ NO_____ Obtaining _____ (Please obtain a new consent at every ACR)
(Date signed)

Medicaid for Health-Related Services parental permission obtained: ______________________ Obtaining ______
(Date signed)

NOTE: (Medicaid consent form is required for all initials and move-in conferences) (Do not obtain for service plans)

IEP Annual Review date ____________________ Should be 1 full year from conference date above.
If committee intends to reconvene prior to the next Annual Review date (Out-of-School Placement 60 day review, transition to a different building, kindergarten transition for PK) please enter that projected date here ___________________________